KINE 5N98 Library Seminar

Ian Gordon, Teaching & Learning Librarian

Brock University

Brock University Library

KINE 5N98 MPK Seminar

Agenda

- Brock Library Update
- Brock Library Kinesiology Research Guide
- Scholarly peer-reviewed articles
- Evidence-based practice and research
- Search strategies – the art of online searching
- Databases, lots of them
- Citing articles and books using Zotero / zoterobib
- Where to get help!
- Feedback

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What is the impact of balance training on fall risk in older adults?

What's new for '"brock university"' in PubMed

MN My NCBI <efback@ncbi.nlm.nih.gov>
To: Ian Gordon

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Sent on Monday, 2022 September 05

Search: "brock university"

View complete results in PubMed (results may change over time).

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PubMed Results

Items 1-45 of 45 (Display the 45 citations in PubMed)

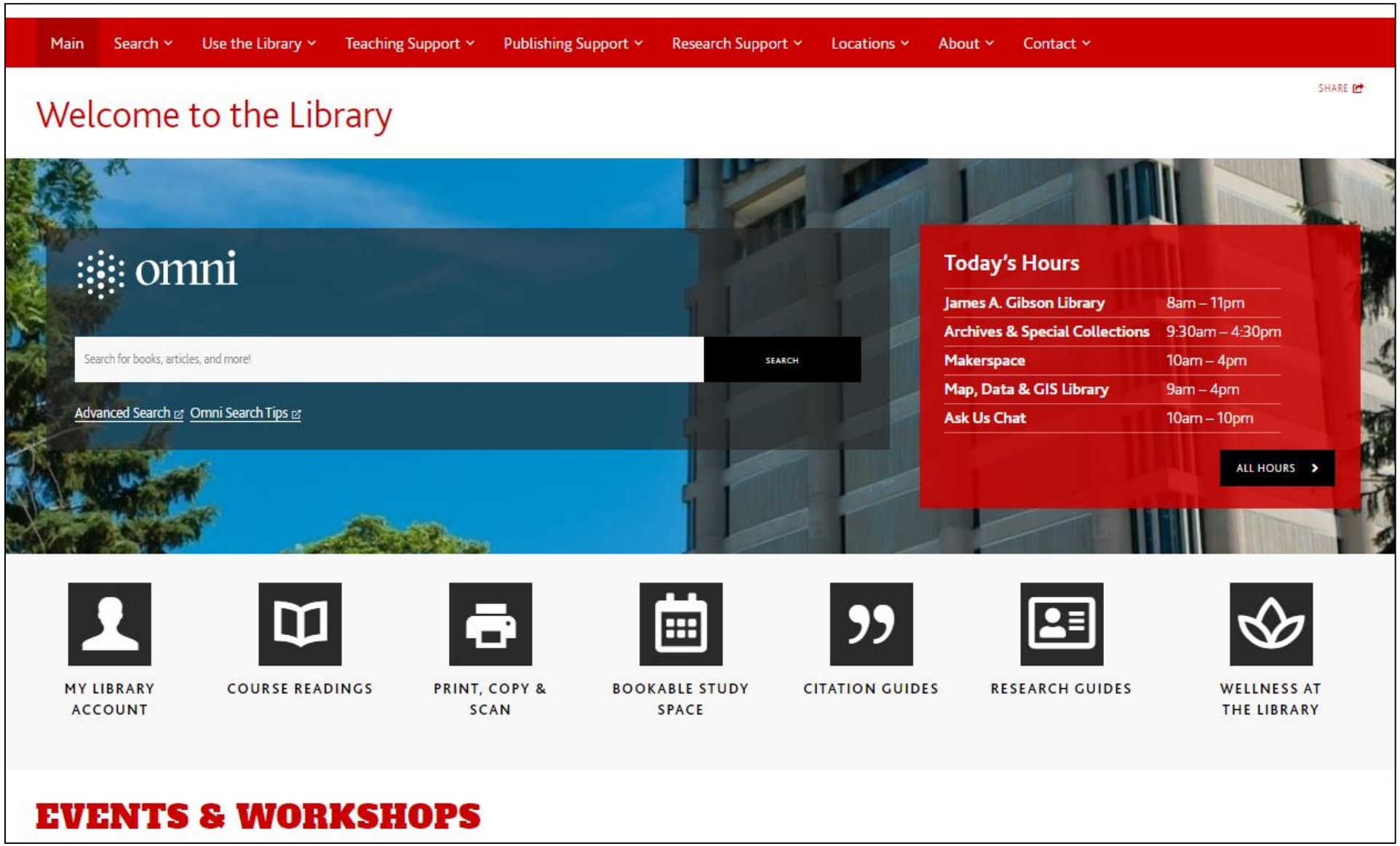
1. GSK3-inhibition improves maximal SERCA activity in a murine model of Arrhythmogenic cardiomyopathy.
   Hamstra SI, Braun JL, Chelko SP, Fajardo VA.
   Biochim Biophys Acta Mol Basis Dis. 2022 Aug 31:166536. doi: 10.1016/j.bbadis.2022.166536. Online ahead of print.
   PMID: 36057371 No abstract available.

2. A lesion-mimic mutant of Catharanthus roseus accumulates the opioid agonist, akuammicine.
   Li F, Bordeleau S, Kim KH, Turcotte J, Davis B, Liu L, Bayen S, De Luca V, Dastmalchi M.
   Phytochemistry. 2022 Aug 30:113422. doi: 10.1016/j.phytochem.2022.113422. Online ahead of print.
   PMID: 36055422

3. Social-Judgment Comparisons in Daily Life.
   Thai S, Lockwood P.
   Pers Soc Psychol Bull. 2022 Sep 2:1461672221115558. doi: 10.1177/01461672221115558. Online ahead of print.
   PMID: 36052926

4. Digest.
   Caron J, Crozier A, Ede A, Hoffman M, Hill C, Locke S, McEwan D, Mellano K, Pila E, Stork M, Wolf S.
   J Sport Exerc Psychol. 2022 Sep 1:1-5. doi: 10.1123/jsep.2022-0191. Online ahead of print.
   PMID: 36049746 No abstract available.

Brock Library Update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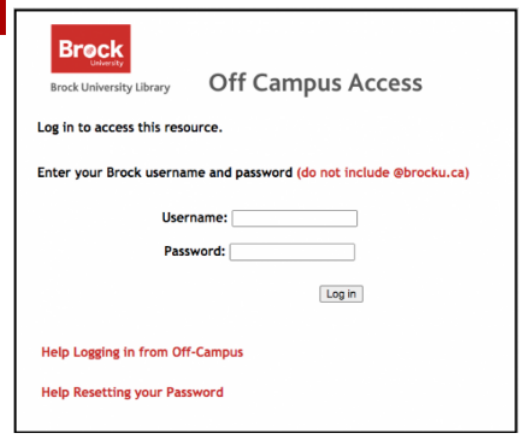

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Author(s) *

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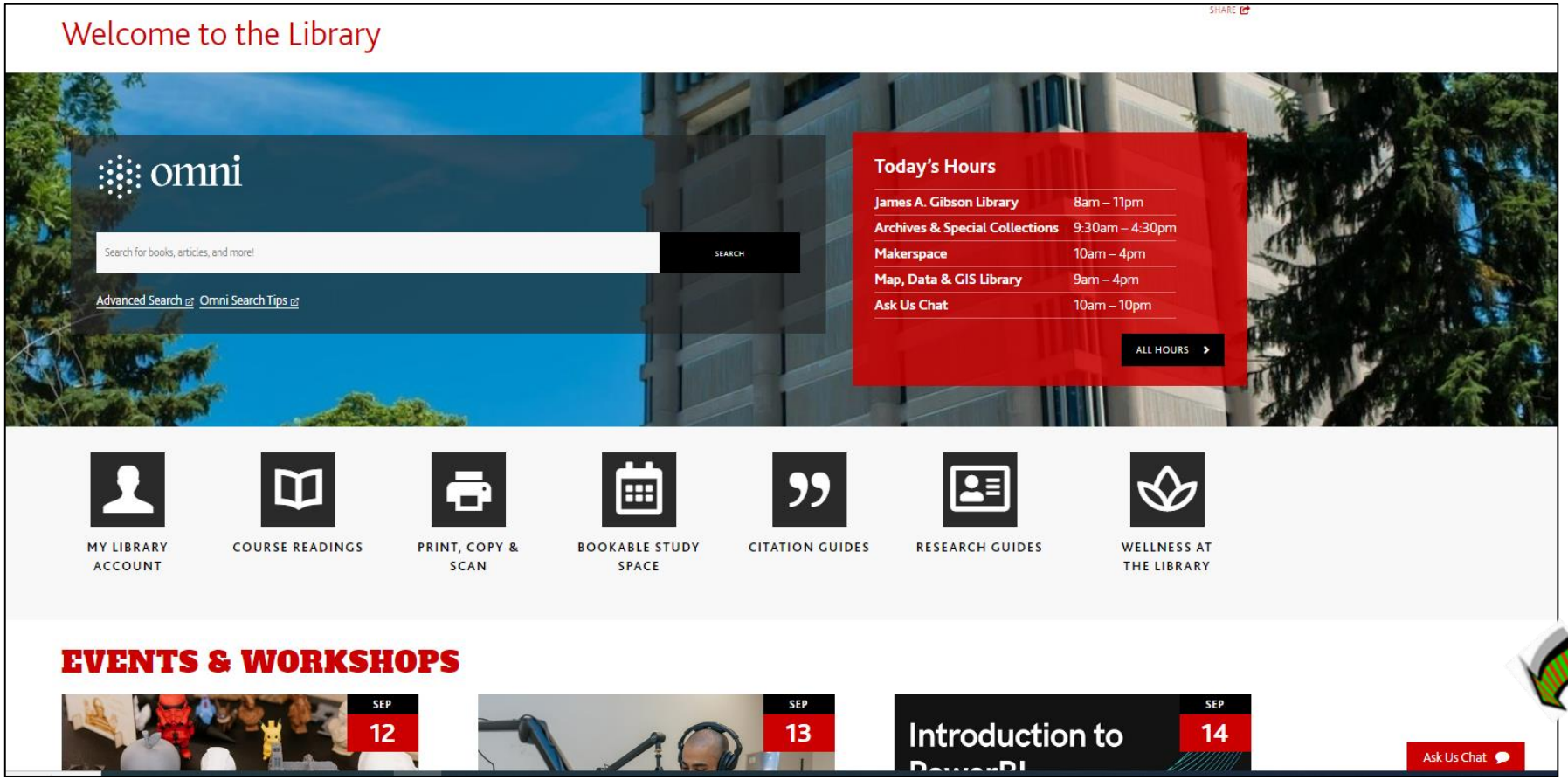
ISBN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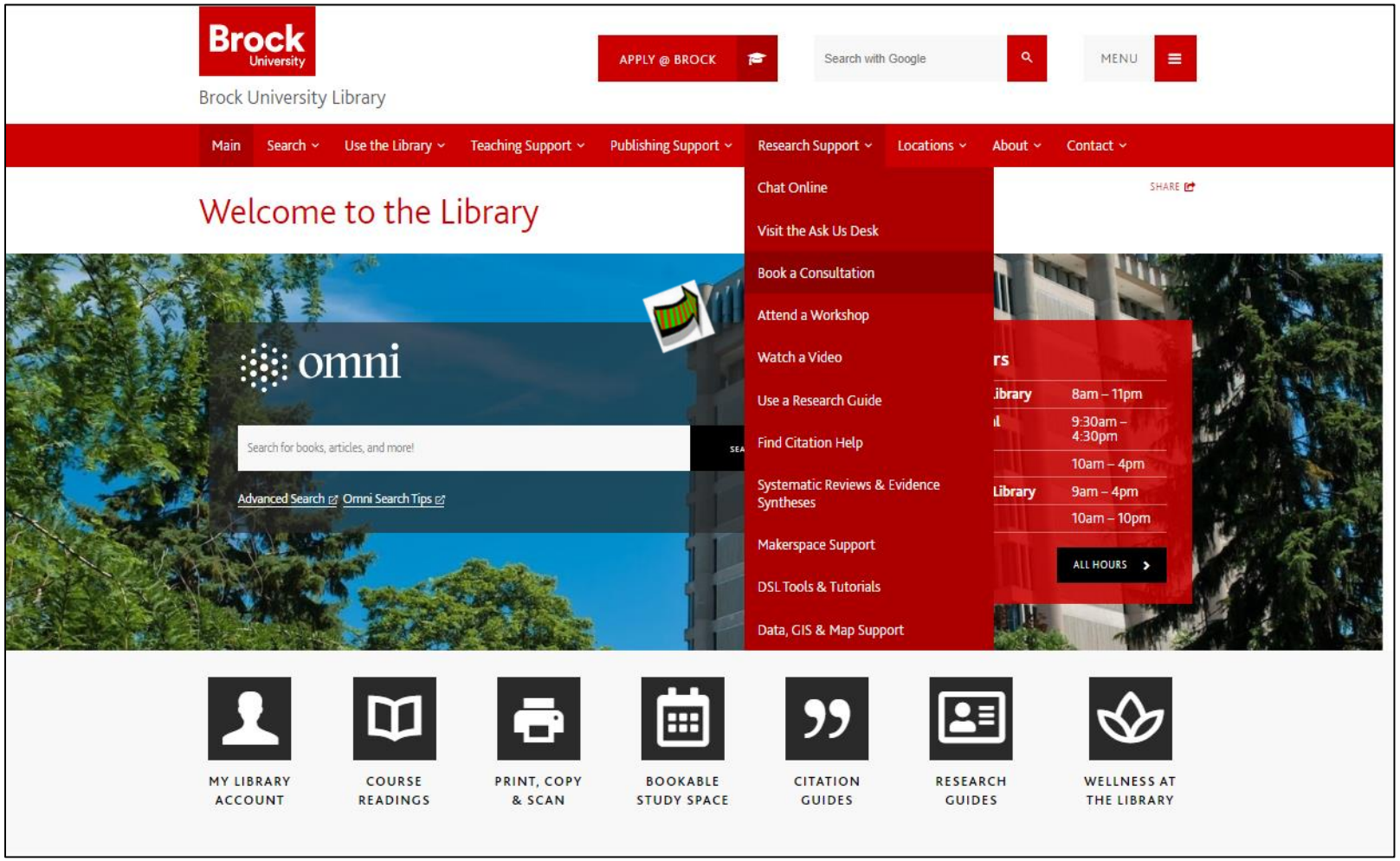
10:50 me undergrad, Jenn
10:51 me Got to go, another paper... it never ends!
10:51 Ask Us desk All the best to you. You know where to find us 🙂
10:51 me bye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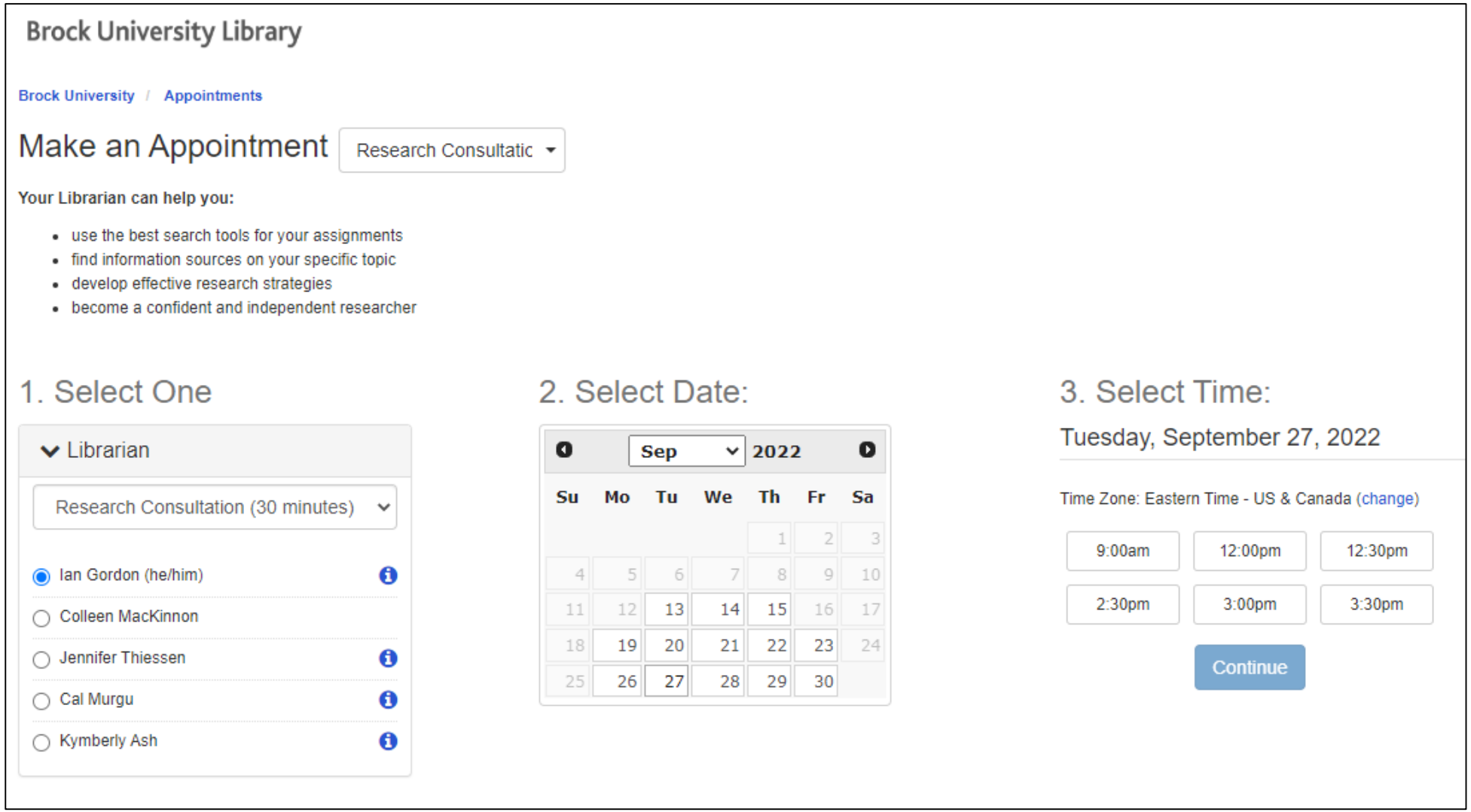
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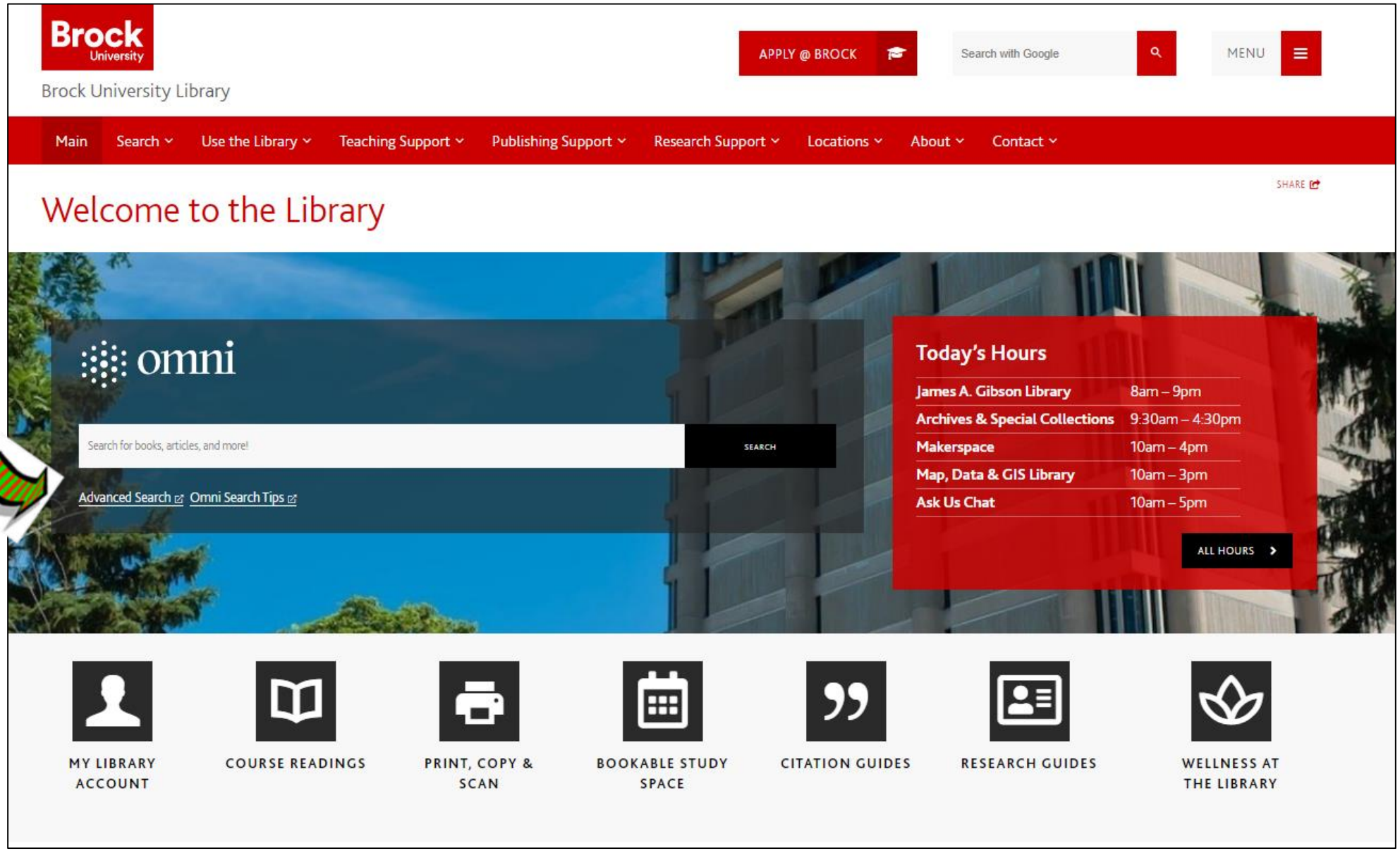
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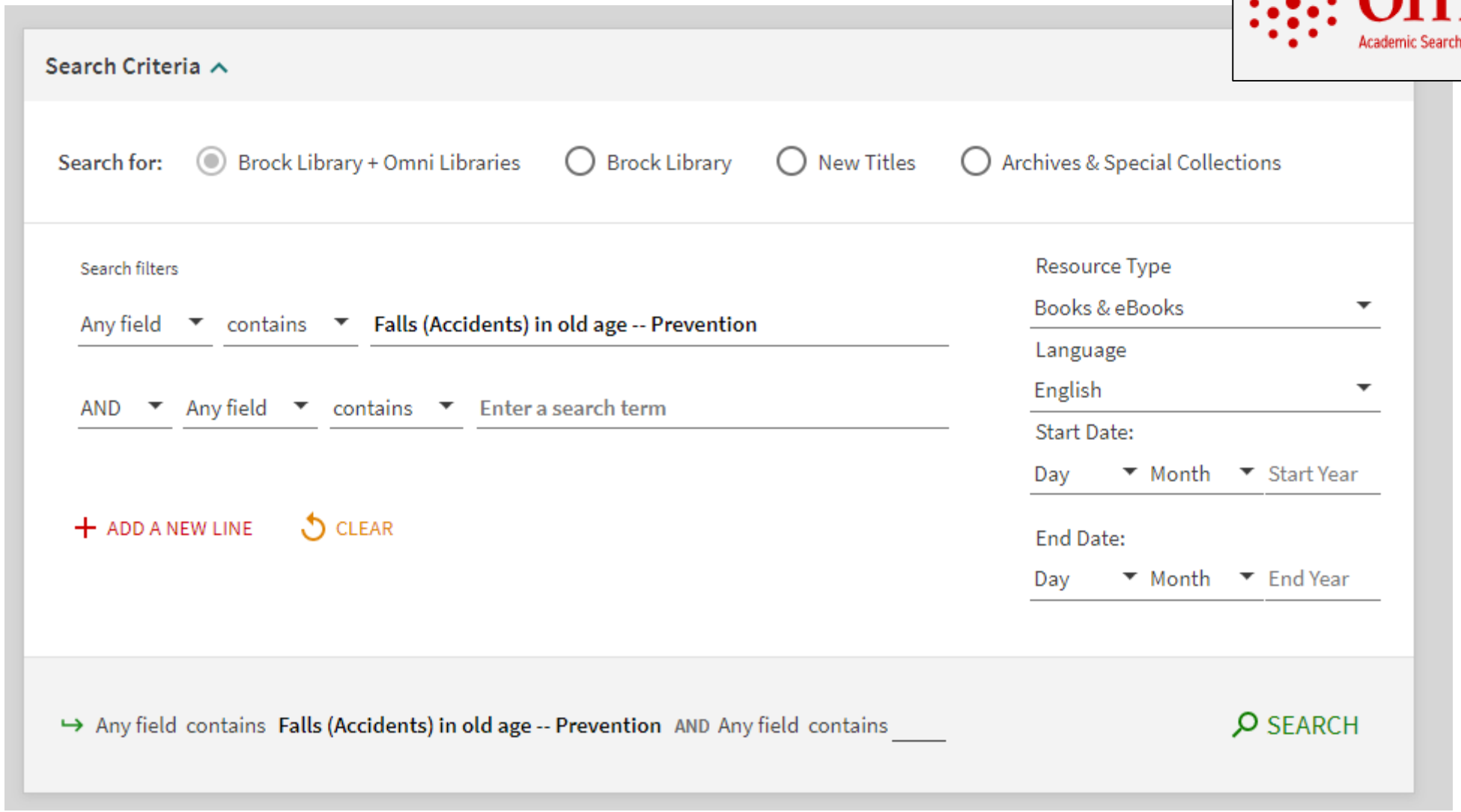
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1 

BOOK

Falls in Older People: Risk Factors, Strategies for Prevention and Implications for Practice

Naganathan, Vasi ; Sherrington, Catherine ; Lord, Stephen R; Lord, Stephen R

2021

Available Online

2 

BOOK

Integrated care and fall prevention in active and healthy aging

Eklund, Patrik, editor.; IGI Global, publisher.

2021

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3

BOOK

Occupational therapy in the prevention and management of falls in adults : practice guideline

Royal College of Occupational Therapists, author.

2020

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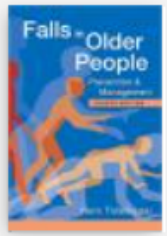
4

BOOK

Preventing falls and reducing injury from falls.

Registered Nurses' Association of Ontario, issuing body

2017



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Falls in older people : prevention & management

Tideiksaar, Rein.

c2010

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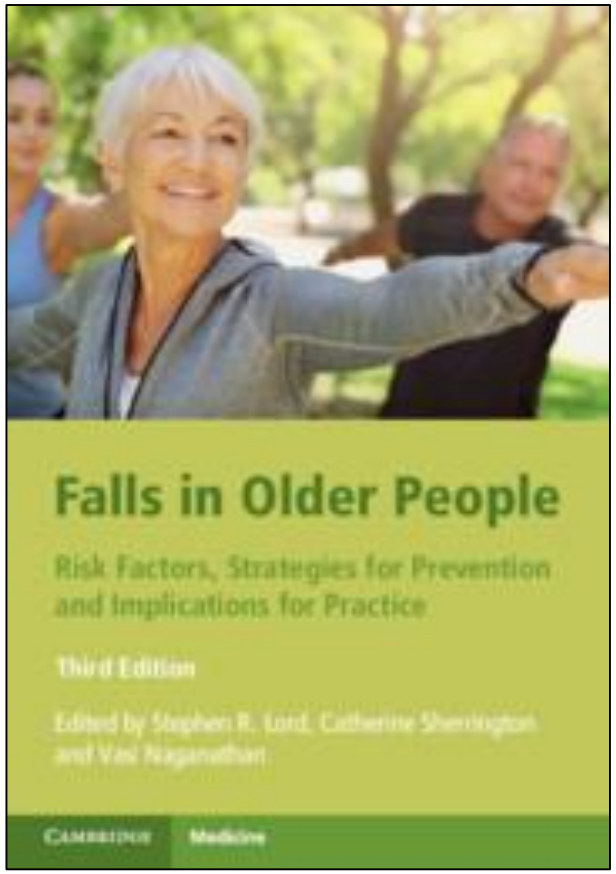
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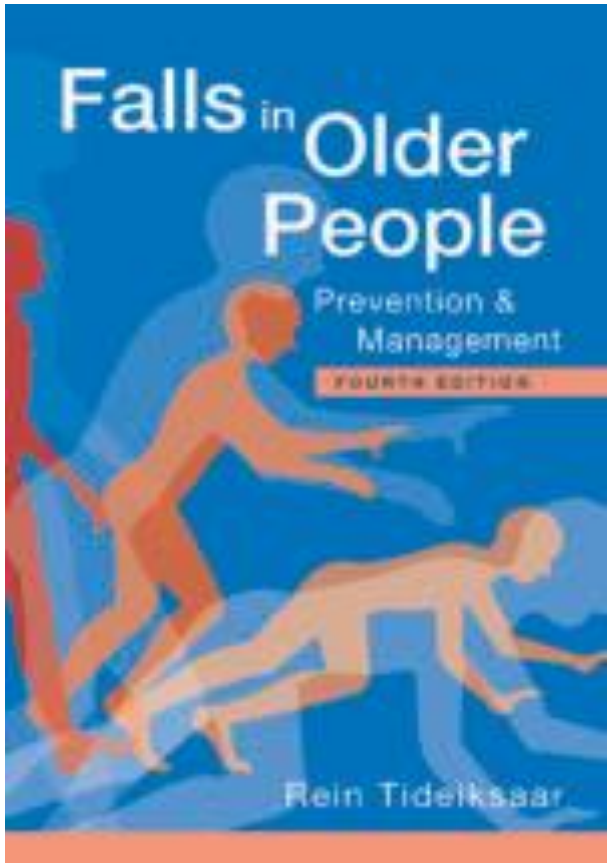
Falls in Older People
Prevention & Management
Rein Tideiksaar


Falls and Cognition in Older Persons
Fundamentals, Assessment and Therapeutic Options
Manuel Montero-Odasso
Richard Camicioli
Editors
Springer

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Brock alumni are also eligible to borrow books through interlibrary loan on a cost recovery basis. Community borrowers are eligible for interlibrary loan privileges for a fee of $50 per year plus cost recovery. Please refer to Community Borrowing fees.

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Title of Chapter/Article/Paper:	the occupational therapy role
Author of Chapter/Article/Paper:	
Pages:	9-12
Volume:	na
Series title and numbering:	
Publisher:	Royal College of Occupational Therapists
Place of Publication:	London
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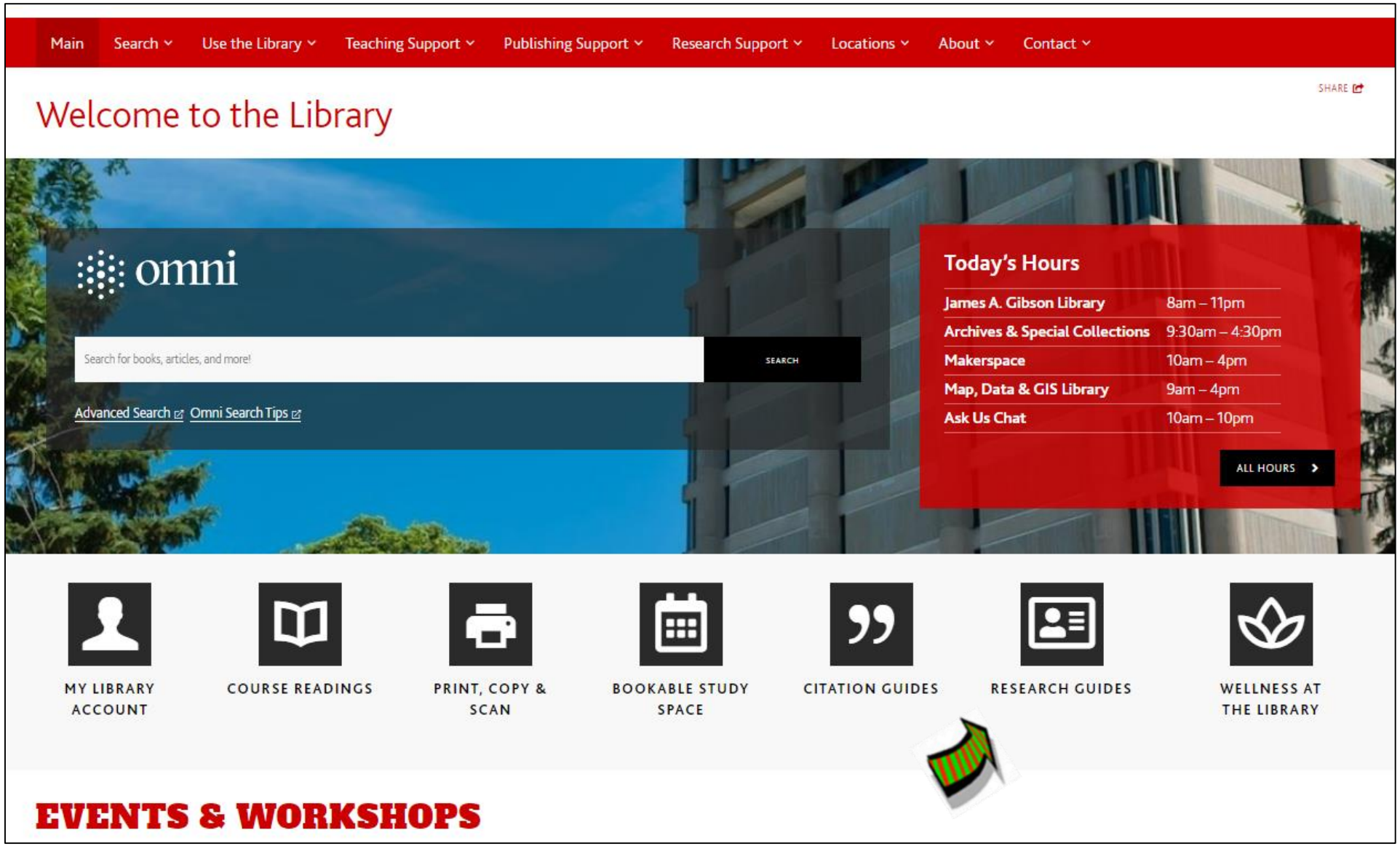
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- Kinesiology
- Systematic reviews, scoping reviews and other evidence syntheses

Subject Homepage: https://researchguides.library.brocku.ca/sb.php?subject_id=132183

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Question

What Brock Library Research Guides are relevant for practicing kinesiologists?

Created by Made from Noun Project

What Brock Library Research Guides are relevant for Kinesiology?

Kinesiology

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- HELP AND TUTORIALS
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Welcome to the Kinesiology Research Guide!

Image: Canadian Kinesiology Alliance

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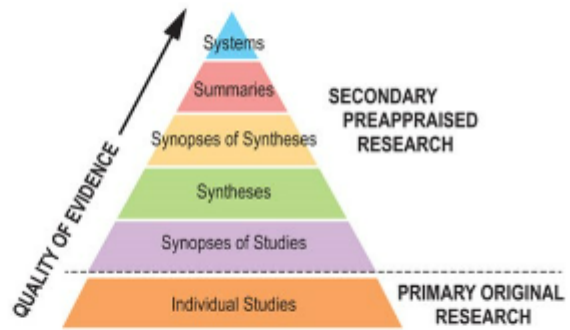
Systematic reviews, scoping reviews and other evidence syntheses

Overview of evidence synthesis reviews and relevant strategies, tools and resources.

What is evidence synthesis?

Evidence synthesis:

- also called knowledge synthesis
- uses reproducible and transparent methods to analyze data from multiple primary studies
- refers to evidence that has been:
  - synthesized from a large set of data/studies
  - summarized
  - critically appraised
- synthesized evidence is considered:
  - less biased
  - more rigorous
  - more generalizable



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Why do we need evidence synthesis?

- Combining and appraising information from multiple studies:
  - helps ensure clinicians use the most appropriate treatment/medication
  - provides evidence-based information to guide health policy and programming
  - reduces unnecessary repetition of research studies

Kinesiology

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Need help?

Evidence-based practice for Kinesiologists

Professional kinesiologists need to make evidence-based decisions to ensure they are using the most appropriate and effective treatments for their patients.

"Evidence-based health care is the conscientious use of current best evidence in making decisions about the care of individual patients or the delivery of health services." -- Cochrane Collaboration via HLWIKI Canada

In addition to relying on your own clinical expertise, and incorporating patient values and preferences, this approach prioritizes selecting and critically appraising evidence from empirical studies.

Levels of evidence

- As you proceed up the pyramid:
  - the rigour of scientific method increases
  - bias decreases
  - we can be more confident in validity and generalizability of study results

Evidence synthesis: 6S Pyramid

- Also known as knowledge synthesis
- Evidence that is:
  - Synthesized from a large set of data/single studies
  - Summarized
  - Critically appraised

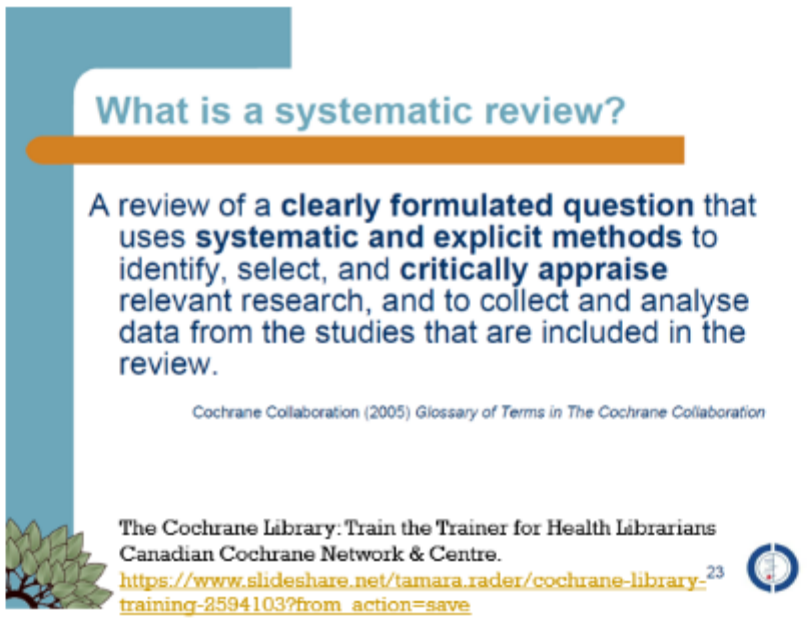
When selecting evidence, always work down from the highest point of the pyramid and only move to the next stage if evidence is not available at the higher stage.

Kinesiology

Need help?

What is a systematic review?

For more information on systematic reviews, scoping reviews and other forms of evidence synthesis, please review this Library guide.



Systematic reviews:

- Undertake a systematic, structured review of all empirical evidence on a specific research question
- Use explicit, pre-defined criteria to include and exclude studies
- Incorporate search strategies which are systematic, free of bias and reproducible
- are not “review articles”

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KINE 5N98 Resources

Notes from a September 19th 2022 KINE 5N98 Master of Professional Kinesiology Information Session.

KINE 5N98 ppt slides (PDF)

Databases of interest to researchers, students, faculty, and practitioners.

Core Kinesiology databases include: CINAHL Complete, Embase, Google Scholar, MEDLINE via OVID, PsycINFO, Sport Discus, Web of Science Core Collection.

Alternate and core databases (not including engineering, computing, chemistry and other databases) that provide access to scholarly resources include: Academic Search Complete, AgeLine, CINAHL Complete, CORE, BASE, Dimensions, Directory of Open Access Journals (DOAJ), Education Source, Embase, ERIC, Evidence-Based Medical Reviews (EBM) via OVID, FSTA - Food Science and Technology Abstracts, Google Scholar, Health Evidence, Human Kinetics, MEDLINE via OVID, MEDLINE via PubMed, MEDLINE via Web of Science Complete, Nursing & Allied Health Premium, Omni, OSF Preprints, OSF Registries, Paperity, PsycINFO, PsycTHERAPY, Scholars Portal E-Journals, SciELO, Scilit, Semantic Scholar, Sport Discus, Web of Science Complete, Web of Science Core Collection, WorldCat, WorldWideScience.org, and Zenodo.

Backward and **forward citation database**s are popular resources to browse and identify scholarly articles that have cited a specific work to include: Dimensions, Google Scholar, PsycINFO, Semantic Scholar, and Web of Science Core Collection.

Use Omni to find print books, chapters of print and ebooks (asking for 10% of content to be scanned as PDFs) in participating Ontario university library collections (not UofT).

Brock Library Support for Systematic Reviews & Evidence Syntheses Research guide.

Databases of interest may include systematic review sources such as Cochrane Library, PROSPERO, OSF Registries, and several others that are population or subject specific.

Databases to find scholarly definitions include: Oxford Reference, Oxford Handbooks Online, Sage Knowledge, and Gale eBooks.

Other databases of interest beyond publisher's web sites and search engines include: Internet Archive, Google Books, figshare, WorldCat.

List of reference management software wiki. Citation management software to include Zotero,and the citing service zoterobib.

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Theses & Dissertations, Brock Digital Repository are gray literature resourced to find current and published capstone projects, theses, dissertations and full-text manuscripts.

Core Kinesiology databases include: CINAHL Complete, Embase, Google Scholar, MEDLINE via OVID, PsycINFO, Sport Discus, Web of Science Core Collection.

Alternate and core databases (not including engineering, computing, chemistry and other databases) that provide access to scholarly resources include: Academic Search Complete, AgeLine, CINAHL Complete, CORE, BASE, Dimensions, Directory of Open Access Journals (DOAJ), Education Source, Embase, ERIC, Evidence-Based Medical Reviews (EBM) via OVID, Google Scholar, Health Evidence, Human Kinetics, MEDLINE via OVID, MEDLINE via PubMed, MEDLINE via Web of Science Complete, Nursing & Allied Health Premium, Omni, OSF Preprints, OSF Registries, Paperity, PsycINFO, PsycTHERAPY, Scholars Portal E-Journals, SciELO, Scilit, Semantic Scholar, Sport Discus, Web of Science Complete, Web of Science Core Collection, WorldCat, WorldWideScience.org, and Zenodo.

Backward and **forward citation databases** are popular resources to browse and identify scholarly articles that have cited a specific work to include: Dimensions, Google Scholar, PsycINFO, Semantic Scholar, and Web of Science Core Collection.

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Scholarly peer-reviewed articles

Question

What do we mean by scholarly peer-review Journal articles?

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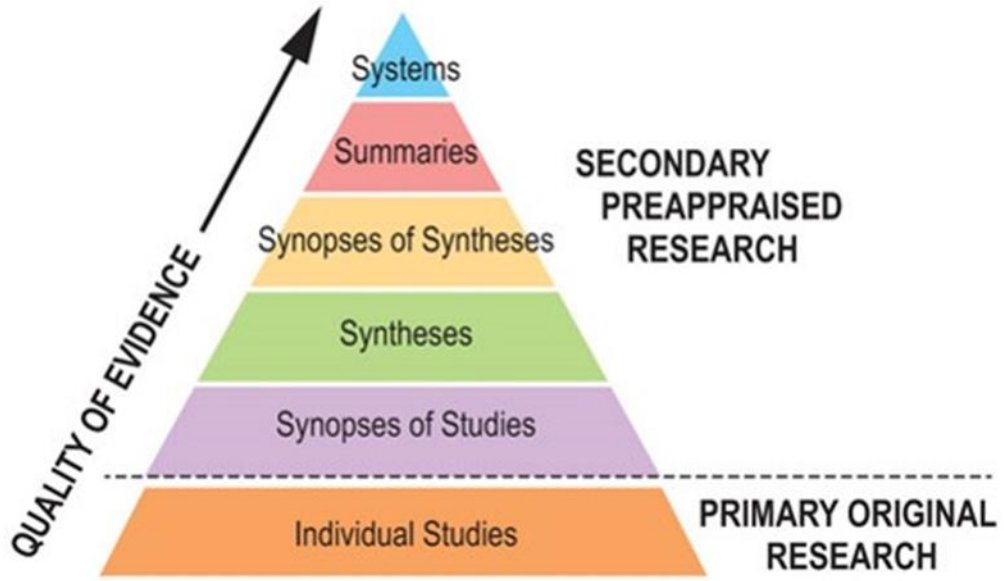


Scholarly peer-reviewed articles

news, statistics, data, opinion, blogs, magazines, trade, occupational, society, government, theses, books/ebooks, dissertations, think tanks, policy papers, findings, speeches, Linkedin, ResearchGate, ORCiD, academia.edu…

Reduce your fear of falling

Improving your balance, strength, flexibility, and gait will give you the confidence to stay active.

Practicing tai chi can improve balance by boosting leg strength, flexibility, and reflexes.

Falling poses a major risk for injury as we get older, and it's no wonder that many of us have a real fear of it. Unfortunately, fear of falling often winds up increasing the chance of a devastating spill. To protect your mobility and independence, it's important to address this fear.

Fear factors

Fear of falling often develops for two reasons. One is an awareness of age-related changes. Body systems that keep you steady—your muscles, joints, cognition, vision, hearing, nerves, and reaction time—all start to decline. You wind up being weaker and less flexible. You might have chronic aches and pains. That leads to heightened caution.

"Our natural instinct is to slow down so we don't fall. We shuffle our feet and take shorter strides; our feet don't clear the ground as high as they used to; walking speed slows. As that happens, we become apprehensive about taking a step," explains Michael Clem, a physical therapist with Spaulding Rehabilitation Hospital. "I have two patients with this problem right now. They tend to reach out for things and not move their feet. But trying to grab on to a piece of furniture that's a little out of reach can make you lose your balance and fall."

A history of falls is another contributor to fear; if you've already fallen, you know how quickly it happens and how easy it would be to fall again. "And when fear increases, for any reason, people don't want to be as active as they were. That makes physical decline happen faster," Clem points out.

Regaining your confidence

To reduce your fear of falling, you'll need to address underlying conditions, such as poor eyesight or joint problems.

It will also help to work with a physical therapist to improve your balance and gait (walking pattern). The therapist will evaluate your physical strengths and weaknesses and try to understand your specific concerns about falling. "I'll want to know what someone is afraid of," Clem says. "Is it stepping off a curb or a set of stairs in the backyard? We can build exercises to address that one specific issue as well as any other weaknesses."

Starting slowly

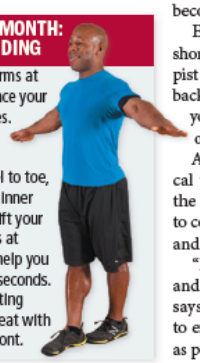
You won't be thrown into a rigorous exercise program. "We stay in a person's comfort zone with a program that challenges them while they still feel safe," Clem says. "I select exercises they'll succeed at."

For balance exercises, that could mean standing with your arms at your sides and your feet together, with a railing or walker nearby for support. "I might have the person look left or right, and then reach for a target. This can be challenging, and they may sway, but they won't fall. I'm right there behind them, and they can grab on to something if they need to," Clem says.

From there, you might work on standing with one foot in front of the other (see "Move of the month"), or standing on one leg at a time. Then you might try taking steps forward, backward, or to the side.

As you learn to improve balance, you'll also work on boosting muscle strength, flexibility, and range of motion. Expect a focus on the muscles in your buttocks, hips, thighs, and calves.

MOVE OF THE MONTH: TANDEM STANDING



Stand with your arms at your sides and brace your abdominal muscles. Place your right foot in front of your left foot, heel to toe, and squeeze your inner thighs together. Lift your arms to your sides at shoulder level to help you balance. Hold 30 seconds. Return to the starting position, then repeat with your left foot in front.

The final piece

When you're feeling stronger and more confident about performing activities without fear, you'll focus on improving your gait.

"We use metronomes to increase walking speed. We start off with 80 beats—and thus, steps—per minute, which is on the low end, and work up to 100," Clem says. "Then we work on walking with your gaze ahead of you, so you don't look down. People start shuffling less, walking faster, and becoming more confident."

Eventually, you'll tackle walking short distances as your physical therapist coaches you. "The goal is to get you back to being able to walk in and out of your house, through a grocery store, or into a doctor's office," Clem says.

At that point, the course of physical therapy will end. But, of course, the real work will begin. You'll need to continue doing strength, stretching, and balance exercises on your own.

"If you don't, your fear may return and your fall risk will increase," Clem says. "To counter it, we'll want you to exercise and stay active for as long as possible."

Reduce your fear of falling. (2022). Harvard Health Letter, 47(7), 4–7.

7 Tips to Improve Balance

Falling down is the biggest source of injuries in older adults. These strategies can help keep you—or loved ones—safer.

By Catherine Roberts
Last updated: September 22, 2018

Falls are the leading cause of injuries–and deaths from injuries–among adults 65 and older, according to the Centers for Disease Control and Prevention. More than one-fourth of people in that age group slip or trip each year, and about 20 percent of those who do are seriously hurt.

Roberts, C. (2018). 7 tips to improve balance. *Consumer Reports*.

Pilot Study to Enhance the Repeatability, Validity and Reliability of Traditional Observational Falls Risk Assessments by Incorporating Markerless Motion Capture Technology.

by

Emmanuella Osuji

A thesis submitted in partial fulfilment of the requirements for the degree of

Master of Science

in

Rehabilitation Science

Faculty of Rehabilitation Medicine

University of Alberta

Osuji E. & University of Alberta. (2022). *Pilot study to enhance the repeatability validity and reliability of traditional observational falls risk assessments by incorporating markerless motion capture technology* (Ph.D. Dissertation). Edmonton: University of Alberta.

Sterczyk, A. (2022). *Chair exercises for fall prevention*. Amanda Sterczyk

CONSTANTLY RISING OVER THE PAST DECADE, FALLS AMONG SENIORS ARE CAUSING TWICE AS MANY DEATHS AS MOTOR VEHICLE ACCIDENTS

Canada NewsWire

June 28, 2022 Tuesday 6:00 AM Eastern Time

Length: 1002 words

Body

On National Injury Prevention Day; get support to help reduce deadly falls

OTTAWA, ON, June 28, 2022 /CNW/ - Getting injured can occur anywhere, at home, in the workplace or while practising your favourite sport. On National Injury Prevention Day, taking place on July 5th, the Canadian Kinesiology Alliance wants to help raise awareness about the devastating effects of predictable and preventable injuries, especially among seniors affected by the COVID-19 pandemic. This is an alarming situation as the number of fall-related hospitalizations of older adults increased 47% and the mortality rate due to falls also increased over the past ten years1. Although rarely making headlines, falls among seniors caused twice as many deaths as motor vehicle accidents (4,849vs1,939)2.

FALL-RELATED INJURIES AMONG SENIORS

According to the World Health Organization, about a third of seniors fall each year1. This results in 85% of injury-related hospitalizations, 95% of all hip fractures and 61% of injury deaths for older Canadians3. Among this group, women, those aged 80 or older, and older people who live alone or have low income are more at risk when it comes to falling. Falls on the same level (slipping, tripping or stumbling), falls involving furniture and falls on stairs are the top three types of falls that lead to serious injury and death among seniors.

PREVENTION IS KEY

Falls among seniors are preventable; however, their multifactorial nature means that addressing this growing public health problem is a shared responsibility. Progress in the prevention of falls and their resulting injuries require continued multisectoral collaboration, including governments, healthcare providers, non-government organizations, care associations and services, and Canadians themselves.

"Over the past two years, many seniors were confined to their home and had limited chances to be physically active, explains Angelie Carter, president of the Canadian Kinesiology Alliance. We now need to ensure they can get back to a more active lifestyle as quickly as possible if we want to prevent an increase in falls in the following years, a number that is already too high. Through tailored safe physical activities that challenge balance, kinesiologists, as human movement experts, can help seniors strengthen their hips and their legs to prevent falling. Moreover, a kinesiologist can also provide information about the impact of dehydration, low blood sugar, and medical conditions that can cause someone to fall."

"On top of working out regularly, the environment where people live is also key to prevent falls as half of falls resulting in hospitalization occur in a household residence1, continues Ms.Carter. This is why it is important to assess someone's home for fall hazards and help them make it safer. Health professionals such as a kinesiologist can evaluate the fall risk in someone's home and help make changes to ensure safety."

QUICK FACTS3Every day, 48 Canadians die and 634 are hospitalized because of falls, making it the leading cause of injury deaths, hospitalizations, emergency department visits and disabilities in Canada.Every day on average in Canada, 13 seniors die and 259 are hospitalized following a fall. In 2018, this resulted in 4,849 deaths, 94,529 hospitalizations, 424,609 emergency department visits and 28,310 disabilities.75 per cent of injury-related deaths are from unintentional causes, such as falls, car crashes and poisonings.Injuries related to falls involving seniors cost the health-care system $5.6 billion a year, that's $15.3 million a day. The total cost of injuries to the Canadian economy equals $80 million every day ($29.4 billion each year).TIPS TO PREVENT FALLSEvery day, 48 Canadians die and 634 are hospitalized because of falls, making it the leading cause of injury deaths, hospitalizations, emergency department visits and disabilities in Canada.Every day on average in Canada, 13 seniors die and 259 are hospitalized following a fall. In 2018, this resulted in 4,849 deaths, 94,529 hospitalizations, 424,609 emergency department visits and 28,310 disabilities.75 per cent of injury-related deaths are from unintentional causes, such as falls, car crashes and poisonings.Injuries related to falls involving seniors cost the health-care system $5.6 billion a year, that's $15.3 million a day. The total cost of injuries to the Canadian economy equals $80 million every day ($29.4 billion each year).

1 Surveillance report on falls among older adults in Canada - Canada.ca2Canadian Motor Vehicle Traffic Collision Statistics: 2020 (canada.ca)and Cost of Injury in Canada ? Parachute3Cost of Injury in Canada ? Parachute

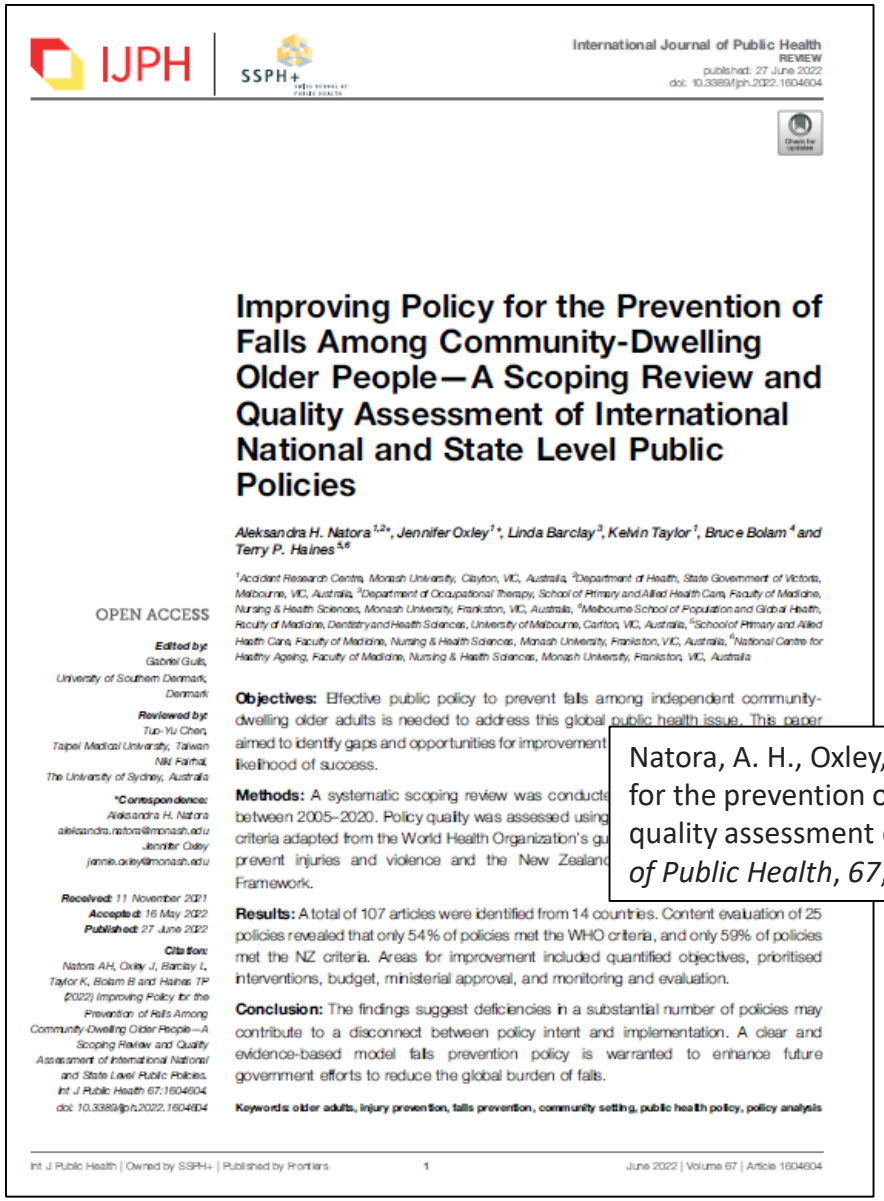
ABOUT THE CANADIAN KINESIOLOGY ALLIANCE

Kinesiologists are human movement specialists who provide scientific advice and physical activity treatments that improve recovery, health and well-being, through all phases of life. They can also help manage and prevent 25 of the most common chronic conditions such as arthritis, back pain, heart failure or stroke, coronary heart disease, hypertension, pulmonary problems, anxiety, depression, diabetes and obesity. The Canadian Kinesiology Alliance (CKA) is a non-profit corporation that advocates and promotes the advancement of the profession of kinesiology in Canada. The CKA strives to be recognized as the unifying voice for the profession of kinesiology in Canada and to have a positive impact on Canadians. On a national level, the CKA represents ten provincial kinesiology associations (PKAs) that are member associations and over 4,400 affiliated Kinesiologists. The CKA establishes and promotes the standards of the profession across Canada.

Find a Kinesiologist:*www.cka.ca.Consult* the Moving Forward with COVID-19 - Kinesiology Guidelines.Watch videos to better understand how Kinesiologists can help.Facebook and Twitter: @CdnKinesiology

SOURCE Canadian Kinesiology Alliance

View original content: *http://www.newswire.ca/en/releases/archive/June2022/28/c8121.html*



IJPH | SSPH+

International Journal of Public Health
REVIEW
published: 27 June 2022
doi: 10.3389/ijph.2022.1604604

Improving Policy for the Prevention of Falls Among Community-Dwelling Older People—A Scoping Review and Quality Assessment of International National and State Level Public Policies

Aleksandra H. Natora[1,2]*, Jennifer Oxley*[1]*, Linda Barclay*[3]*, Kelvin Taylor*[1]*, Bruce Bolam*[4] *and Terry P. Haines*[5,6]

[1]Accident Research Centre, Monash University, Clayton, VIC, Australia, [2]Department of Health, State Government of Victoria, Melbourne, VIC, Australia, [3]Department of Occupational Therapy, School of Primary and Allied Health Care, Faculty of Medicine, Nursing & Health Sciences, Monash University, Frankston, VIC, Australia, [4]Melbourne School of Population and Global Health, Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne, Carlton, VIC, Australia, [5]School of Primary and Allied Health Care, Faculty of Medicine, Nursing & Health Sciences, Monash University, Frankston, VIC, Australia, [6]National Centre for Healthy Ageing, Faculty of Medicine, Nursing & Health Sciences, Monash University, Frankston, VIC, Australia

Objectives: Effective public policy to prevent falls among independent community-dwelling older adults is needed to address this global public health issue. This paper aimed to identify gaps and opportunities for improvement likelihood of success.

Methods: A systematic scoping review was conducte between 2005–2020. Policy quality was assessed using criteria adapted from the World Health Organization's gu prevent injuries and violence and the New Zealand Framework.

Results: A total of 107 articles were identified from 14 countries. Content evaluation of 25 policies revealed that only 54% of policies met the WHO criteria, and only 59% of policies met the NZ criteria. Areas for improvement included quantified objectives, prioritised interventions, budget, ministerial approval, and monitoring and evaluation.

Conclusion: The findings suggest deficiencies in a substantial number of policies may contribute to a disconnect between policy intent and implementation. A clear and evidence-based model falls prevention policy is warranted to enhance future government efforts to reduce the global burden of falls.

Keywords: older adults, injury prevention, falls prevention, community setting, public health policy, policy analysis

OPEN ACCESS

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Natora, A. H., Oxley, J., Barclay, L., Taylor, K., Bolam, B., & Haines, T. P. (2022). Improving policy for the prevention of falls among community-dwelling older people—A scoping review and quality assessment of international national and state level public policies. *International Journal of Public Health*, *67*, 1604604. https://doi.org/10.3389/ijph.2022.1604604

Evidence-based practice and research

Question

What do we mean by “evidence”?

Created by Made
from Noun Project

Question

How can you find evidence efficiently and effectively?

Created by Made from Noun Project

Evidence-informed Health care

- *"...**Evidence-based health care** is the conscientious use of **current best evidence** in making decisions about the care of individual patients or the delivery of health services.*
- *Current best evidence is **up-to-date information from relevant, valid research** about the effects of different forms of health care, the potential for harm from exposure to particular agents, the accuracy of diagnostic tests, and the predictive power of prognostic factors..."*

Cochrane Collaboration via HLWIKI Canada - http://hlwiki.slais.ubc.ca/index.php/Evidence-based_health_care

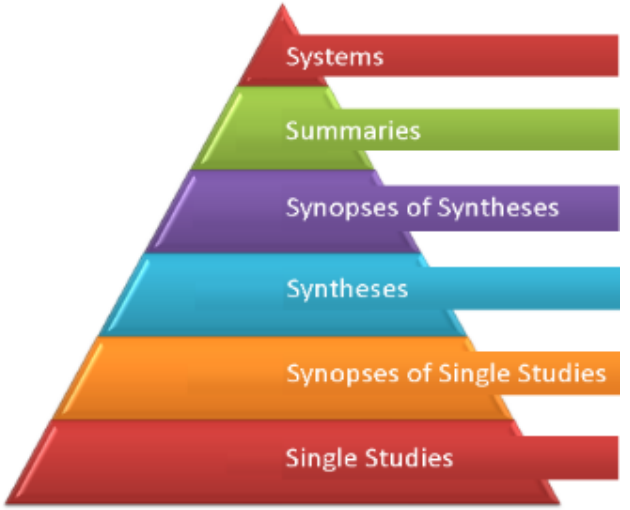
Question

Why is synthesized evidence important for research and patient care?

Created by Made from Noun Project

Finding synthesized evidence: the Pyramid

- Always work from the top down systematically
- Select evidence from the highest point of the pyramid (Summaries) if it's available
- Single-study level should be used only if no synthesized evidence is available
- Within single-study level: apply the **levels of evidence pyramid**



https://hslmcmaster.libguides.com/ebm

Single Studies

- Focus on a specific research question.
- Considered the lowest level of evidence
- May be the only type of research available on your topic
- Single studies can be accessed via article databases e.g.
  - **SportDISCUS** – exercise science
  - **CINAHL** – nursing and allied health, incl. OT/PT, etc.
  - **Proquest Nursing and Allied Health** -- nursing and allied health, incl. OT/PT, etc.
  - **MEDLINE** – biomedical; access via PubMed, OVID, Web of Science Complete
  - **Web of Science (Scopus), Google Scholar, Dimensions** – multi-disciplinary
- **Search tip**: Look for filters that allow you to search by study design e.g. systematic reviews, Randomised control trials (RCT)…

Meta-Search tools – free!

- Epistemonikos -- multilingual database of systematic reviews & primary studies
  - Basic or advanced search
- TRIP – Turning Research into Practice
  - Searches & ranks multiple levels of evidence
  - Basic or PICO search
  - Free or Pro versions
  - Search tips

PEDro – database of randomized trials, systematic reviews and clinical practice guidelines in physiotherapy

Remember: you may need to go through Library to access full-text of articles!

Research question: PICO format

Population, patient or problem	
Intervention	
Comparator	
Outcome	

PICO tutorial: http://cwml-tutorials.blogspot.ca/2010/10/cinahl-video-tutorials-2-formulating.html

Question

Population, patient or problem
Intervention
Comparator
Outcome

What is the impact of balance training on fall risk in older adults?

What is the PICO that helps to frame this research question?

What is the impact of balance training on fall risk in older adults?

P: older adults…

I: balance training…

C: other forms of exercise / treatment…

O: Reduce fall risk…

Population, patient or problem
Intervention
Comparator
Outcome

Search strategies – the art of online searching

Search tips

- Generate keywords and synonyms for your topic
- Use advanced searching techniques:
  - OR – retrieves articles with ANY of your keywords
  - AND – retrieves articles with ALL of your keywords
- “exact phrase” searching
- Truncation e.g. teen* retrieves teen, teenager, teenaged
- Find the perfect article and note daabase keywords, controlled language and subject terms e.g. MeSH

What is the impact of balance training on fall risk in older adults?

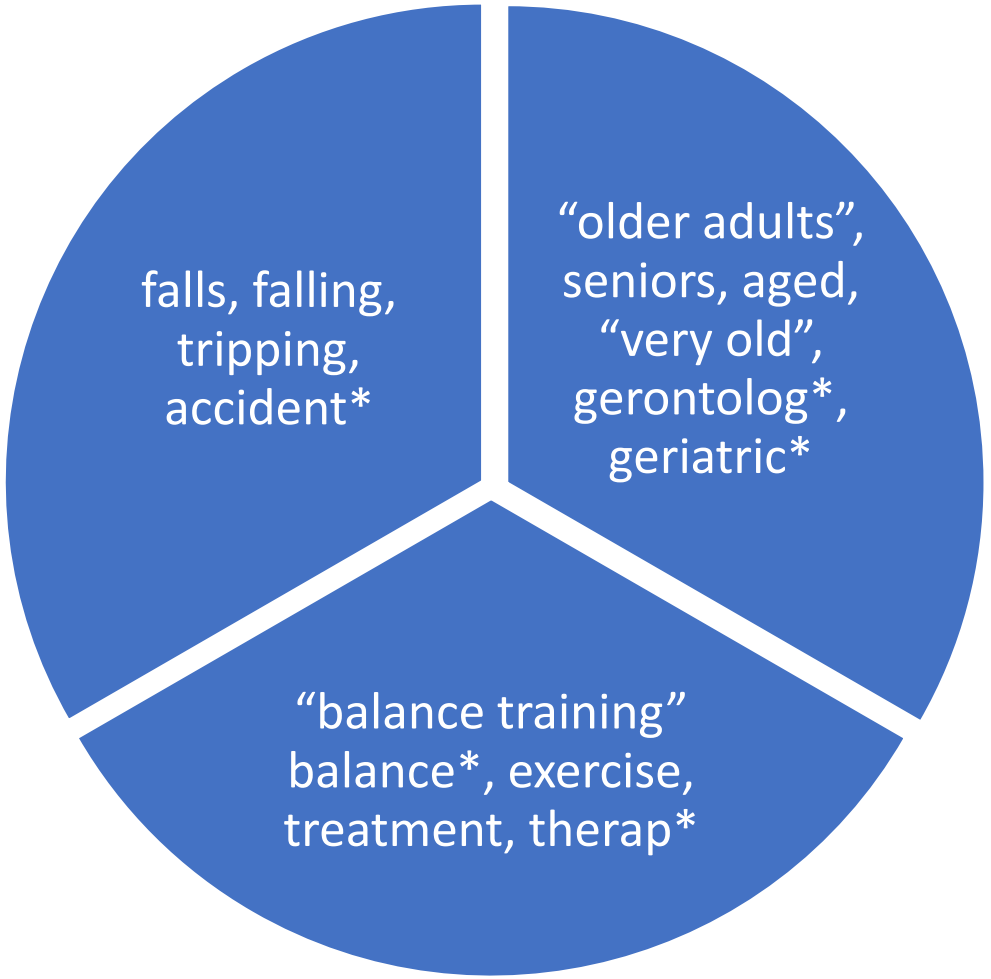
What is the impact of balance training on fall risk in older adults?

What are the key concepts in this research question?

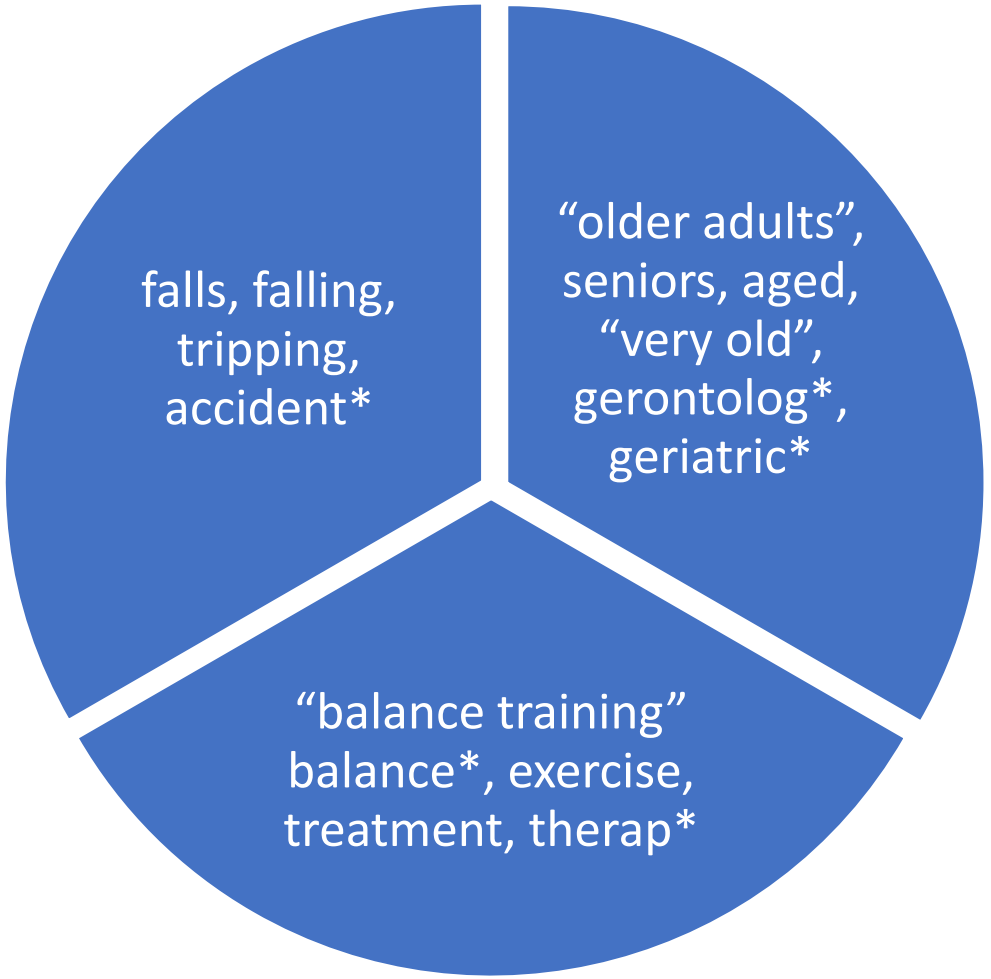
What is the impact of balance training on fall risk in older adults?

What is the impact of balance training on fall risk in older adults?

What is the impact of balance training on fall risk in older adults?



What is the impact of balance training on fall risk in older adults?



Currency of information
Language
Discipline
Format

risk…
Clinical trials, reviews,
Impact, evidence…

What is the impact of balance training on fall risk in older adults?

falls or falling or tripping or accident*

AND

“balance training” or balance* or exercise or treatment or therap*

AND

“older adults” or seniors or aged or “very old” or gerontolog* or geriatric*

Language = English
Date = 2000+
Format = peer reviewed scholarly journal articles

risk…
Clinical trials, reviews,
Impact, evidence…

Question

What database(s) do you start with, can’t avoid, finish with to find evidence-based practice and research?

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Databases – lots of them

Kinesiology

- HOME
- FIND BOOKS & BACKGROUND INFO
- FIND ARTICLES
- NEWS
- STREAMING VIDEO
- EVIDENCE-BASED PRACTICE
- GREY LIT
- SYSTEMATIC REVIEWS & EVIDENCE SYNTHESIS
- BORROW FROM OTHER LIBRARIES
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- Good for getting started on a topic
- Few options for focused searching

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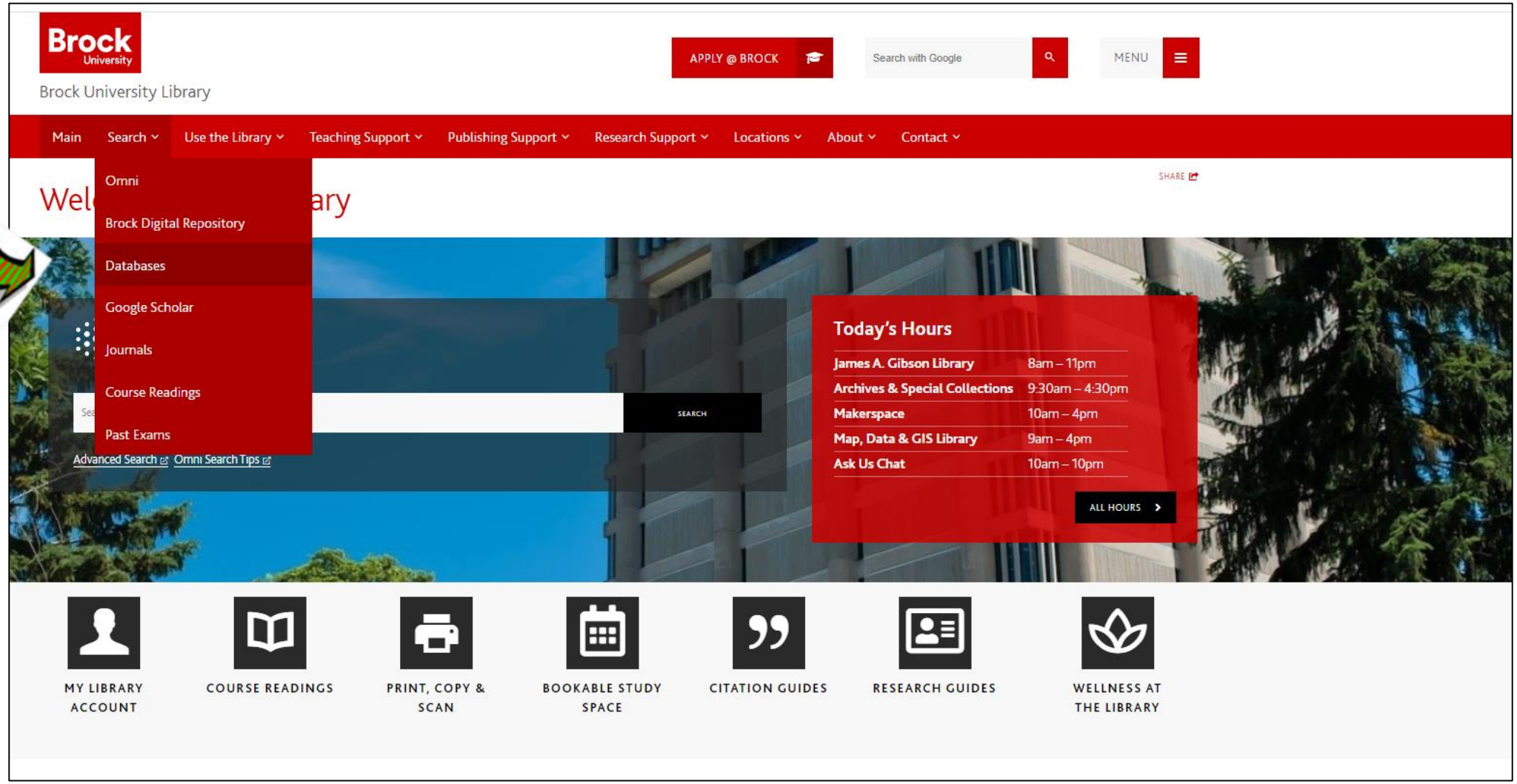
Advanced Search

Databases: use these to find subject-specific info

Sport, exercise and health sciences databases

- Sport Discus
  Find liteature on recreation, exercise physiology, sports medicine, coaching, physical fitness, the psychology, history and sociology of sport, training, and conditioning
  more info...
- Web of Science Complete
  -Includes the MEDLINE database.
  -Find articles from the science, social sciences, biomedical and humanities literature.
  -How-to video for Brock: https://youtu.be/aSWhrvSJHKA
- MEDLINE - via OVID
  Find articles from life sciences, medicine and the health care system. Search with Medical Subject Headings (MeSH). Extensive search filters including publication type and clinical queries. Produced by the National Library of Medicine.
  more info...
- Embase
  - Comprehensive biomedical database including more than 30 million records from more than 8,500 journals.
  - Notable coverage of drug and pharmaceutical research, pharmacology and toxicology as well as robust international content.
  - Coverage: 1974-current
  - Permitted Uses
- CINAHL Complete
  find articles about rehabilitation, physical therapy, occupational therapy, allied health, alternative therapies, biomedicine, consumer health, and health administration
  more info...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Publishing Support
Research Support
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Journals
Course Readings
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SEARCH
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Archives & Special Collections 9:30am – 4:30pm
Makerspace 10am – 4pm
Map, Data & GIS Library 9am – 4pm
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All Subjects | All Database Types | Search for Databases | Go

All A B C D E F G H I J K L M N O P Q R S T U V W X Y Z #

453 Databases found

A

Academic Search Complete

- Scholarly resources across all disciplines.
- Permitted Uses

more info...

Access Engineering

Alternative Name(s) & Keywords: AccessEngineering

- An engineering reference and teaching platform that provides interdisciplinary engineering content integrated with analytical teaching and learning tools.
- Search the latest editions of renowned engineering handbooks, upper-level engineering textbooks, as well as hundreds of other expert references.
- Also includes DataVis, an interactive visualization tool to understand material properties.
- Permitted Uses

Access World News

- An extensive collection of local, regional and national newspapers from countries all over the world. Includes all major local Niagara papers.
- Permitted Uses

more info...

Accountants Handbook of Fraud Prevention and Detection

- Covers internal and external fraud, computer and commercial crime, identity theft and other related topics.
- Includes case studies, statistics and other background material.
- Permitted Uses

ACLS Humanities E-Book HEB

Alumni Access

- An online collection of high quality books in the humanities and related social sciences.
- Permitted Uses

New / Trial Databases

The following databases are newly acquired or being evaluated for a future subscription.

O'Reilly for Higher Education

New

- A collection of learning resources on the topics of computer programming, IT networking, project management, graphic design and business strategy.
- Includes thousands of books and training videos, as well as case studies, certification preparation materials, practice exercises, and much more.

Policy Commons

Alumni Access New

- Find objective, fact-based research from the world's leading policy experts, nonpartisan think tanks, IGOs and NGOs.
- Includes reports, working papers, policy briefs, data sources, and media.
- Additional features are available if you register for an individual account, including saving searches, creating lists, and uploading content.
- Permitted Uses

Medieval Travel Writing

Alumni Access

- Find digitized primary documents from the 13th to 16th centuries including translations, maps, images as well as relevant secondary texts.
- The original documents are in a range of languages, but translations are provided.
- Permitted Uses

MEDLINE - via OVID

- International literature on biomedicine, allied health fields and biological and physical sciences, humanities, and information science as they relate to medicine and health care
- Limited to 15 simultaneous users.
- Coverage: 1946-current
- Permitted Uses

more info...

MEDLINE - via PubMed

Open Access Alumni Access

- Full version of MEDLINE with access to the MESH thesaurus.
- Coverage: 1966-current
- Terms of Use from Publisher Site

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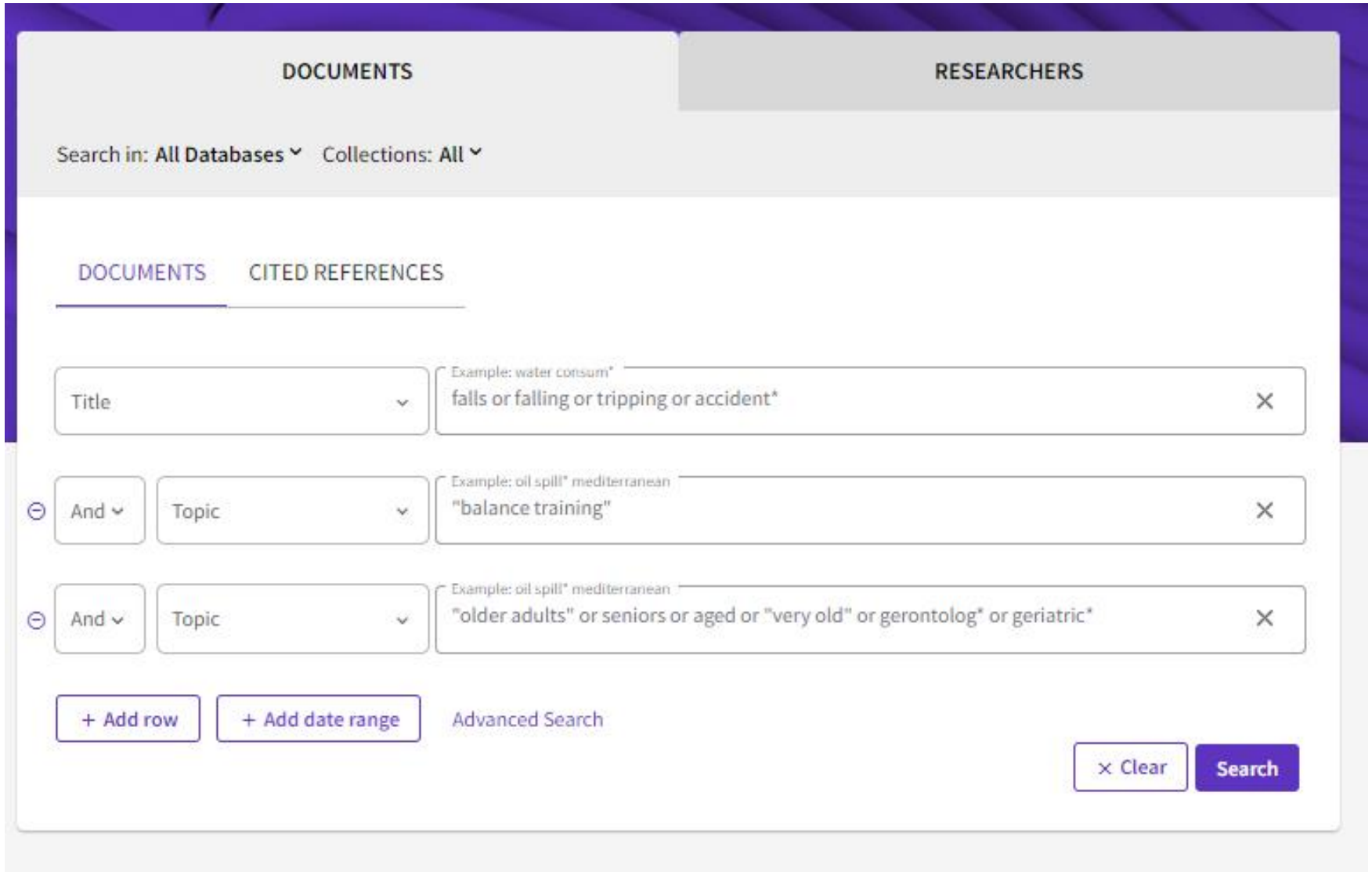
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1 Exercise to prevent falls in older adults: an updated meta-analysis and best practice recommendations.

Sherrington, Catherine; Tiedemann, Anne; (...); Lord, Stephen R
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This systematic review update includes 54 randomised controlled trials and confirms that exercise as a single intervention can prevent falls (pooled rate ratio 0.84, 95% CI 0.77-0.91). Meta-regression revealed programs that included balance training, contained a higher dose of exercise and did not include walking training to have the greatest effect on reducing falls. We therefore recommend tha ... Show more

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2 Effects of Different Exercise Interventions on Risk of Falls, Gait Ability, and Balance in Physically Frail Older Adults: A Systematic Review

Cadore, EL; Rodriguez-Manas, L; (...); Izquierdo, M
Apr 2013 | REJUVENATION RESEARCH 16 (2) , pp.105-114

The aim of this review was to recommend training strategies that improve the functional capacity in physically frail older adults based on scientific literature, focusing specially in supervised exercise programs that improved muscle strength, fall risk, balance, and gait ability. Scielo, Science Citation Index, MEDLINE, Scopus, Sport Discus, and ScienceDirect databases were searched from 1990 ... Show more

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By: Sherrington, Catherine; Tiedemann, Anne; Fairhall, Nicola; Close, Jacqueline C T; Lord, Stephen R

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New South Wales public health bulletin
Volume: 22 **Issue:** 3-4 **Page:** 78-83
DOI: 10.1071/NB10056
Published: 2011-Jun
Indexed: 2011-06-01
Document Type: Journal Article; Meta-Analysis; Research Support, Non-U.S. Gov't; Review; Systematic Review

Abstract

This systematic review update includes 54 randomised controlled trials and confirms that exercise as a single intervention can prevent falls (pooled rate ratio 0.84, 95% CI 0.77-0.91). Meta-regression revealed programs that included balance training, contained a higher dose of exercise and did not include walking training to have the greatest effect on reducing falls. We therefore recommend that exercise for falls prevention should provide a moderate or high challenge to balance and be undertaken for at least 2 hours per week on an ongoing basis. Additionally, we recommend that: falls prevention exercise should target both the general community and those at high risk for falls; exercise may be undertaken in a group or home-based setting; strength and walking training may be included in addition to balance training but high risk individuals should not be prescribed brisk walking programs; and other health-related risk factors should also be addressed.

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Musculoskeletal Division, The George Institute for Global Health, The University of Sydney, Australia. csherrington@georgeinstitute.org.au

Categories/Classification

Research Areas: Public, Environmental & Occupational Health; Geriatrics & Gerontology; General & Internal Medicine; Physiology; Social Sciences - Other Topics; Sport Sciences (provided by Clarivate)

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Exercise to prevent falls in older adults: an updated meta-analysis and best practice recommendations

Catherine Sherrington[A,B,E], *Anne Tiedemann*[A,B], *Nicola Fairhall*[A,C], *Jacqueline C.T. Close*[B,D] *and Stephen R. Lord*[B]

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Abstract: This systematic review update includes 54 randomised controlled trials and confirms that exercise as a single intervention can prevent falls (pooled rate ratio 0.84, 95% CI 0.77–0.91). Meta-regression revealed programs that included balance training, contained a higher dose of exercise and did not include walking training to have the greatest effect on reducing falls. We therefore recommend that exercise for falls prevention should provide a moderate or high challenge to balance and be undertaken for at least 2 hours per week on an ongoing basis. Additionally, we recommend that: falls prevention exercise should target both the general community and those at high risk for falls; exercise may be undertaken in a group or home-based setting; strength and walking training may be included in addition to balance training but high risk individuals should not be prescribed brisk walking programs; and other health-related risk factors should also be addressed.

The prevention of falls and mobility-related disability among older people is an urgent public health challenge in Australia and internationally. Falls and fractures already have a major impact on older individuals, their carers, health services and the community. This impact will grow substantially in the near future due to the increased proportion of older people in the population. The proportion of Australians aged 65 years and over is predicted to increase from 14% (3 million people) in 2010 to 23% (8.1 million people) by 2050.[1] By 2051, the Australian total annual health costs from fall-related injury are predicted to increase almost threefold to $1.4 billion.[2]

Many older individuals and their families are affected by falls. One-third of people aged 65 years and over fall once or more annually.[3] Falls can result in injuries, a loss of confidence and a subsequent reduction in physical activity and community participation. Falls are associated with a threefold increase in the risk of being admitted to a residential aged-care facility after adjusting for other risk factors.[4]

Exercise can prevent falls

Trials and systematic reviews[5,6] now provide clear evidence that falls in older people can be prevented with appropriately designed intervention programs. The recently updated Cochrane systematic review[5] concluded that exercise interventions reduce the risk and rate of falls. Although many risk factors for falls have been identified,[7] intervention trials have found that the effects of exercise as a single falls prevention intervention are comparable to those from multifaceted interventions.[5,8] Therefore, widespread implementation of exercise as a single intervention seems to be the best approach to falls prevention at a population level. Our previous meta-analysis[6] found that up to 42% of falls can be prevented by well-designed exercise programs and that the exercises which had the biggest effect on fall rates involved a challenge to balance abilities and were undertaken frequently (e.g. for more than 2 hours a week over a 6-month period).

Both home-based and group-based programs have been shown to prevent falls.[5,6] Group-based Tai Chi has been found to be effective for falls prevention in several trials.[9,10] Other well-designed group-based interventions can also prevent falls.[11,12] The availability of home-based programs is also important as many older people are reluctant to or unable to attend group exercise classes.[13] The home-based Otago Exercise Programme has been shown to reduce rates of falls and injurious falls by 35%.[14] It involves five home visits from a physiotherapist

Interventions for preventing falls in older people living in the community

By: Gillespie, LD (Gillespie, Lesley D.) [1] ; Robertson, MC (Robertson, M. Clare) [1] ; Gillespie, WJ (Gillespie, William J.) [2] ; Sherrington, C (Sherrington, Catherine) [3] ; Gates, S (Gates, Simon) [4] ; Clemson, LM (Clemson, Lindy M.) [5] ; Lamb, SE (Lamb, Sarah E.) [4]

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Issue: 9

Article Number: CD007146

DOI: 10.1002/14651858.CD007146.pub3

Published: 2012

Indexed: 2012-01-01

Document Type: Review

Abstract

Background

Approximately 30% of people over 65 years of age living in the community fall each year. This is an update of a Cochrane review first published in 2009.

Objectives

To assess the effects of interventions designed to reduce the incidence of falls in older people living in the community.

Search methods

We searched the Cochrane Bone, Joint and Muscle Trauma Group Specialised Register (February 2012), CENTRAL (The Cochrane Library 2012, Issue 3), MEDLINE (1946 to March 2012), EMBASE (1947 toMarch 2012), CINAHL (1982 to February 2012), and online trial registers.

Selection criteria

Randomised trials of interventions to reduce falls in community-dwelling older people.

Data collection and analysis

Two review authors independently assessed risk of bias and extracted data. We used a rate ratio (RaR) and 95% confidence interval (CI) to compare the rate of falls (e.g. falls per person year) between intervention and control groups. For risk of falling, we used a risk ratio (RR) and 95% CI based on the number of people falling (fallers) in each group. We pooled data where appropriate.

Main results

We included 159 trials with 79,193 participants. Most trials compared a fall prevention intervention with no intervention or an intervention not expected to reduce falls. The most common interventions tested were exercise as a single intervention (59 trials) and multifactorial programmes (40 trials). Sixty-two per cent (99/159) of trials were at low risk of bias for sequence generation, 60% for attrition bias for falls (66/110), 73% for attrition bias for fallers (96/131), and only 38% (60/159) for allocation concealment.

Multiple-component group exercise significantly reduced rate of falls (RaR 0.71, 95% CI 0.63 to 0.82; 16 trials; 3622 participants) and risk of falling (RR 0.85, 95% CI 0.76 to 0.96; 22 trials; 5333 participants), as did multiple-component home-based exercise (RaR 0.68, 95% CI 0.58 to 0.80; seven trials; 951 participants and RR 0.78, 95% CI 0.64 to 0.94; six trials; 714 participants). For Tai Chi, the reduction in rate of falls bordered on statistical significance (RaR 0.72, 95% CI 0.52 to 1.00; five trials; 1563 participants) but Tai Chi did significantly reduce risk of falling (RR 0.71, 95% CI 0.57 to 0.87; six trials; 1625 participants).

Multifactorial interventions, which include individual risk assessment, reduced rate of falls (RaR 0.76, 95% CI 0.67 to 0.86; 19 trials; 9503 participants), but not risk of falling (RR 0.93, 95% CI 0.86 to 1.02; 34 trials; 13,617 participants).

Overall, vitamin D did not reduce rate of falls (RaR 1.00, 95% CI 0.90 to 1.11; seven trials; 9324 participants) or risk of falling (RR 0.96, 95% CI 0.89 to 1.03; 13 trials; 26,747 participants), but may do so in people with lower vitamin D levels before treatment.

Home safety assessment and modification interventions were effective in reducing rate of falls (RR 0.81, 95% CI 0.68 to 0.97; six trials; 4208 participants) and risk of falling (RR 0.88, 95% CI 0.80 to 0.96; seven trials; 4051 participants). These interventions were more effective in people at higher risk of falling, including those with severe visual impairment. Home safety interventions appear to be more effective when delivered by an occupational therapist.

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We excluded 18 trials reporting falls as adverse effects, although in some instances the intervention might plausibly have reduced falls. Increased publication of protocols in trials registers will make it easier to establish whether the aim of the study was to prevent falls, thus making it eligible for inclusion in this review.

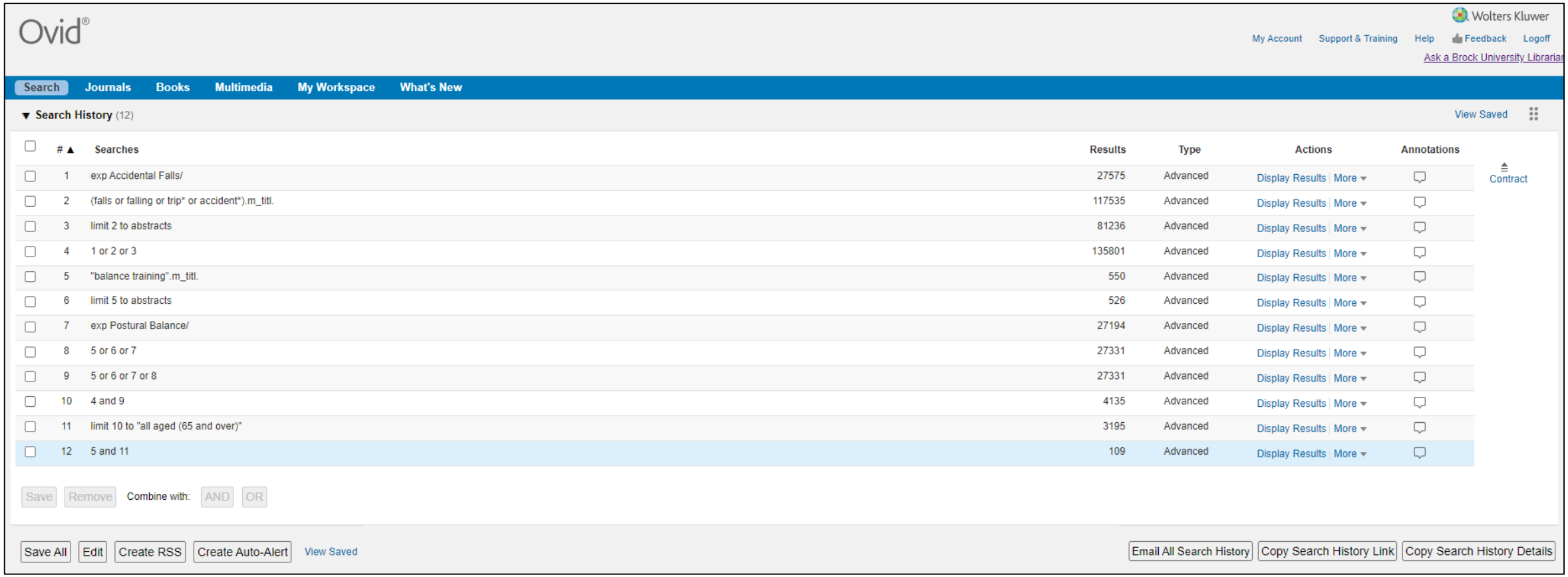
AUTHORS' CONCLUSIONS

Implications for practice

We found evidence of effectiveness for a number of different approaches to fall prevention, some in all older people living in the community and others in particular subgroups. This evidence may not be applicable to older people with dementia as most included studies excluded them from participation.

- There is strong evidence that certain exercise programmes prevent falls. Group exercise classes and exercises individually delivered at home reduce rate of falls and risk of falling. Tai Chi as a group exercise reduces risk of falling, but is less effective in people at higher risk of falling. Overall, exercise programmes aimed at reducing falls appear to reduce fractures.
- Multifactorial interventions integrating assessment with individualised intervention, usually involving a multidisciplinary team, are effective in reducing rate of falls but not risk of falling.
- Home safety interventions reduce rate of falls and risk of falling. These interventions are more effective in people at higher risk of falling, and when delivered by an occupational therapist. An anti-slip shoe device for icy conditions significantly reduced winter outside falls in one study.
- There is limited evidence for the effectiveness of interventions targeting medications (e.g. withdrawal of psychotropic medications, educational programmes for family physicians).

- Overall, vitamin D does not appear to prevent falls in all older people living in the community but appears to be effective in people who have lower vitamin D levels before treatment.
- In people with severe visual impairment, there is evidence from one trial for the effectiveness of a home safety assessment and modification intervention. Expedited first eye cataract surgery for people on a waiting list significantly reduces rate of falls compared with waiting list controls. Older people may be at increased risk of falling while adjusting to new spectacles or major changes in prescription.
- In one study rate of falls was reduced in people with disabling foot pain receiving "multifaceted podiatry" (customised orthoses, footwear review, foot and ankle exercises, fall prevention education in addition to "usual podiatry care").
- Evidence from three studies indicates that cardiac pacing in people with carotid sinus hypersensitivity, and a history of syncope and/or falls, reduces rate of falls.
- The evidence relating to the provision of educational materials alone for preventing falls is inconclusive.
- Fall events should be reported by group as total number of falls, fallers, and people sustaining a fall-related fracture; rate of falls (falls per person year); and number in each analysis.
- Results should be analysed using appropriate, pre-specified methodology (e.g. negative binomial regression, survival analysis) (Robertson 2005). Group comparisons should be expressed as incidence rate ratios and risk ratios with 95% confidence intervals.
- Design and reporting of trials should meet the contemporary standards of the CONSORT statement (Boutron 2008; Zwarenstein 2008) including randomised sequence generation and allocation concealment prior to randomisation.
- Design and reporting of cluster-randomised trials should follow contemporary guidance (Campbell 2004) including the reporting of intra-class correlation coefficients.
- Where factorial designs are employed, data for each treatment cell should be reported to allow interpretation of possible interactions between different intervention components (McAlister 2003).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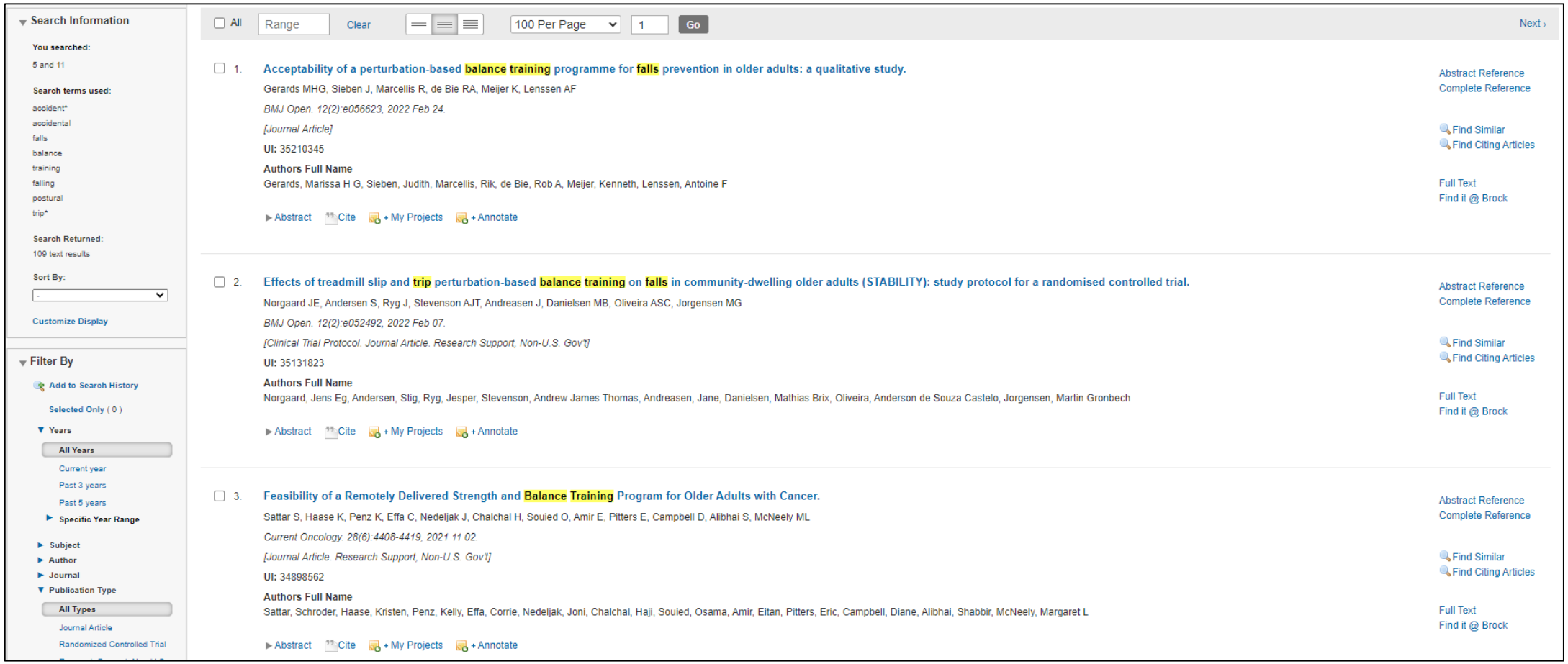

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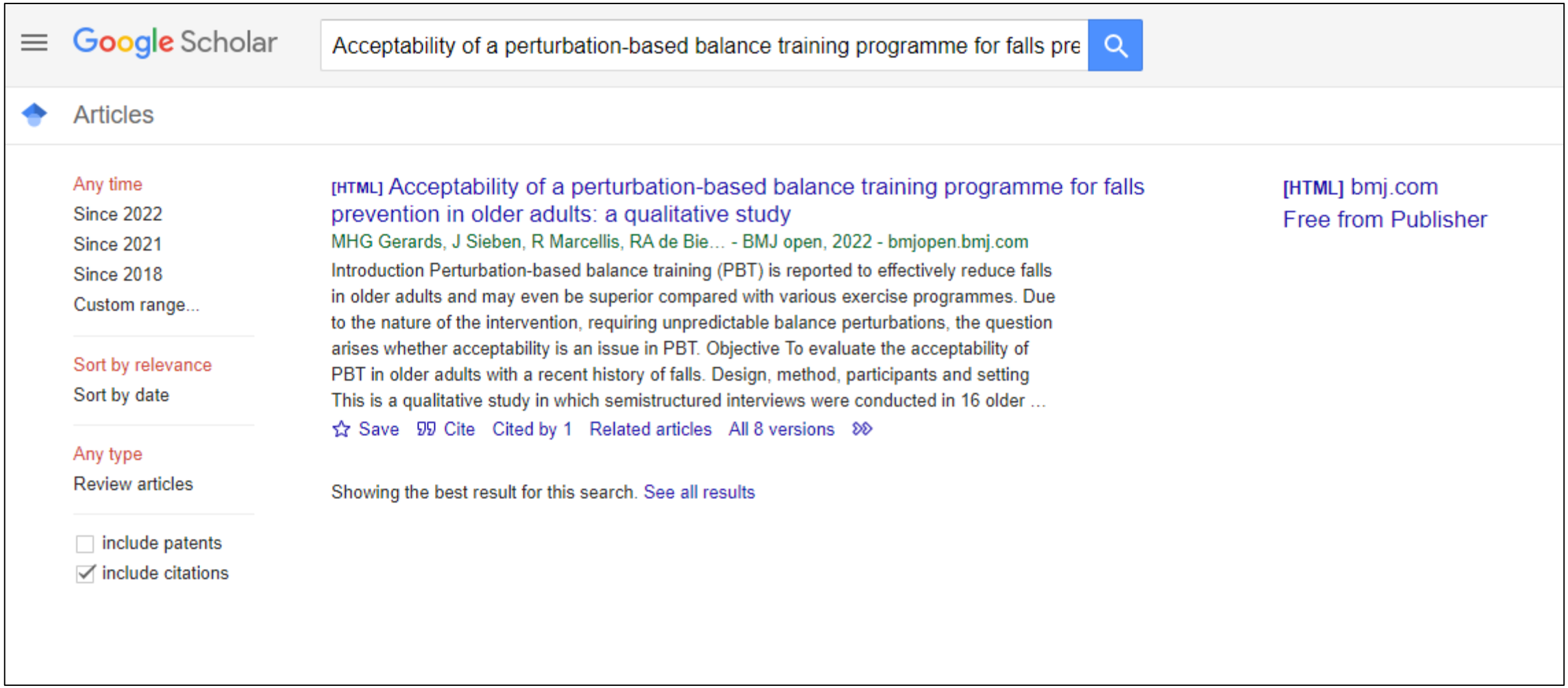
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Acceptability of a perturbation-based balance training programme for falls prevention in older adults: a qualitative study

Marissa H G Gerards [1,2] Judith Sieben,[2,3] Rik Marcellis,[1] Rob A de Bie,[2] Kenneth Meijer,[4] Antoine F Lenssen [1]

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ABSTRACT

Introduction Perturbation-based balance training (PBT) is reported to effectively reduce falls in older adults and may even be superior compared with various exercise programmes. Due to the nature of the intervention, requiring unpredictable balance perturbations, the question arises whether acceptability is an issue in PBT.

Objective To evaluate the acceptability of PBT in older adults with a recent history of falls.

Design, method, participants and setting This is a qualitative study in which semistructured interviews were conducted in 16 older adults (14 women and 2 men, mean age 73.6±6.0 years) who completed a three-session PBT protocol as part of another study in a university medical centre in the Netherlands. Typical case and purposive sampling strategies were applied. Interviews were based on the theoretical framework of acceptability (TFA) alongside context-specific factors and analysed using a template analysis approach.

Results The results indicate that this PBT protocol is perceived as acceptable by older adults with a recent history of falls and highlight key areas for potential future modifications. Enjoyment of the novel training and technology, being able to feel safe during training, [illegible] travel to the training location.

Conclusions The results suggest that PBT is perceived acceptable by older adults with a history of falls. Increasing the social aspect of training and sharing the experiences of peers may be considered to enhance acceptability to new participants who initially feel apprehensive or anxious about their ability to participate in future implementation of PBT.

Trial registration number The article is linked to a randomised clinical trial registered on https://www.trialregister.nl/trial/7680, NL7680; Results.

Strengths and limitations of this study

- This is the first study to use the theoretical framework of acceptability (TFA) to explore older adults' perceived acceptability of perturbation-based balance training (PBT).
- Using the TFA enabled a systematic approach to define and assess intervention acceptability.
- Triangulation was applied in data collection as well as data analysis to increase trustworthiness of the research findings.
- The PBT intervention was applied in a research setting, meaning that some specific factors, such as willingness to pay for participation in the intervention, were not evaluated.
- The results only reflect the perceived retrospective acceptability of the PBT and may not entirely reflect how participants' views changed over time.

INTRODUCTION

Falls in community-dwelling older adults can be effectively reduced through exercise [illegible] to accomplish.[2 3] Moreover, conventional balance training seems not sufficiently task-specific to prevent falls due to slips or trips during walking, which cause up to 60% of falls in community-dwelling older adults.[4 5] It is not likely that conventional balance training, mostly targeting volitional movements, will improve the change-in-support reactions (eg, taking a quick step) needed to prevent a slip or a trip due to the additional speed and stability requirements of these balance reactions.[6] Therefore, an increasing interest has arisen in more task-specific balance training

Gerards, M. H. G., Sieben, J., Marcellis, R., de Bie, R. A., Meijer, K., & Lenssen, A. F. (2022). Acceptability of a perturbation-based balance training programme for falls prevention in older adults: A qualitative study. BMJ Open, 12(2), e056623. https://doi.org/10.1136/bmjopen-2021-056623

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#2	•••	›	Search: **"balance training"[Title/Abstract]** Sort by: **Most Recent**	1,761	11:10:44
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134 results

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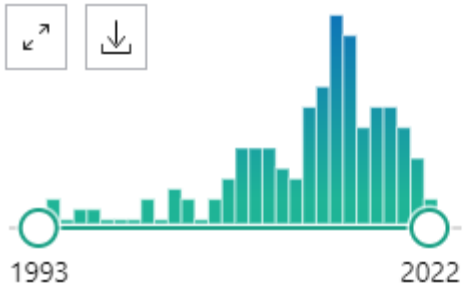
RESULTS BY YEAR



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Filters applied: Clinical Trial. Clear all

1 Cite Share

Sunbeam Program Reduces Rate of Falls in Long-Term Care Residents With Mild to Moderate Cognitive Impairment or Dementia: Subgroup Analysis of a Cluster Randomized Controlled Trial.

Mak A, Delbaere K, Refshauge K, Henwood T, Goodall S, Clemson L, Hewitt J, Taylor ME.

J Am Med Dir Assoc. 2022 May;23(5):743-749.e1. doi: 10.1016/j.jamda.2022.01.064. Epub 2022 Feb 20.

PMID: 35196481 Clinical Trial.

The Sunbeam program involved two 1-hour sessions/week of tailored and progressive resistance and **balance training** for 25 weeks followed by a maintenance program (two 30-min sessions/week of nonprogressive exercise for 6 months). ...RESULTS: Rate of falls (50%) and r ...

2 Cite Share

Walking meditation versus **balance training** for improving **balance** abilities among older adults with history of fall: A randomized controlled trial.

Phoobangkerdphol C, Limampai P, Dasri S, Kuptniratsaikul V.

Clin Rehabil. 2022 Apr;36(4):538-549. doi: 10.1177/02692155211068232. Epub 2021 Dec 21.

PMID: 34931904 Clinical Trial.

OBJECTIVE: To investigate improvement in **balance** abilities compared between walking meditation and **balance training** among older adults with history of fall. ...CONCLUSION: Our results showed walking meditation to be comparable to **balance training** ...

3

Kinect-based rapid movement **training** to improve **balance** recovery for stroke fall prevention: a randomized controlled trial.

Practice:

Working with a partner and our research question pick a database of choice
preferably one you've not used before, and hopefully one of the following to find scholarly Resources if you were to write a report, policy paper, critique or just be informed.

Comment on what you found, what worked, what didn't work to the group.

Databases of interest may include systematic review sources such as Cochrane Library, PROSPERO, OSF Registries, Evidence-Based Medical Reviews, and several others that are population or subject specific. These include Epistemonikos, Trip, PEDro...

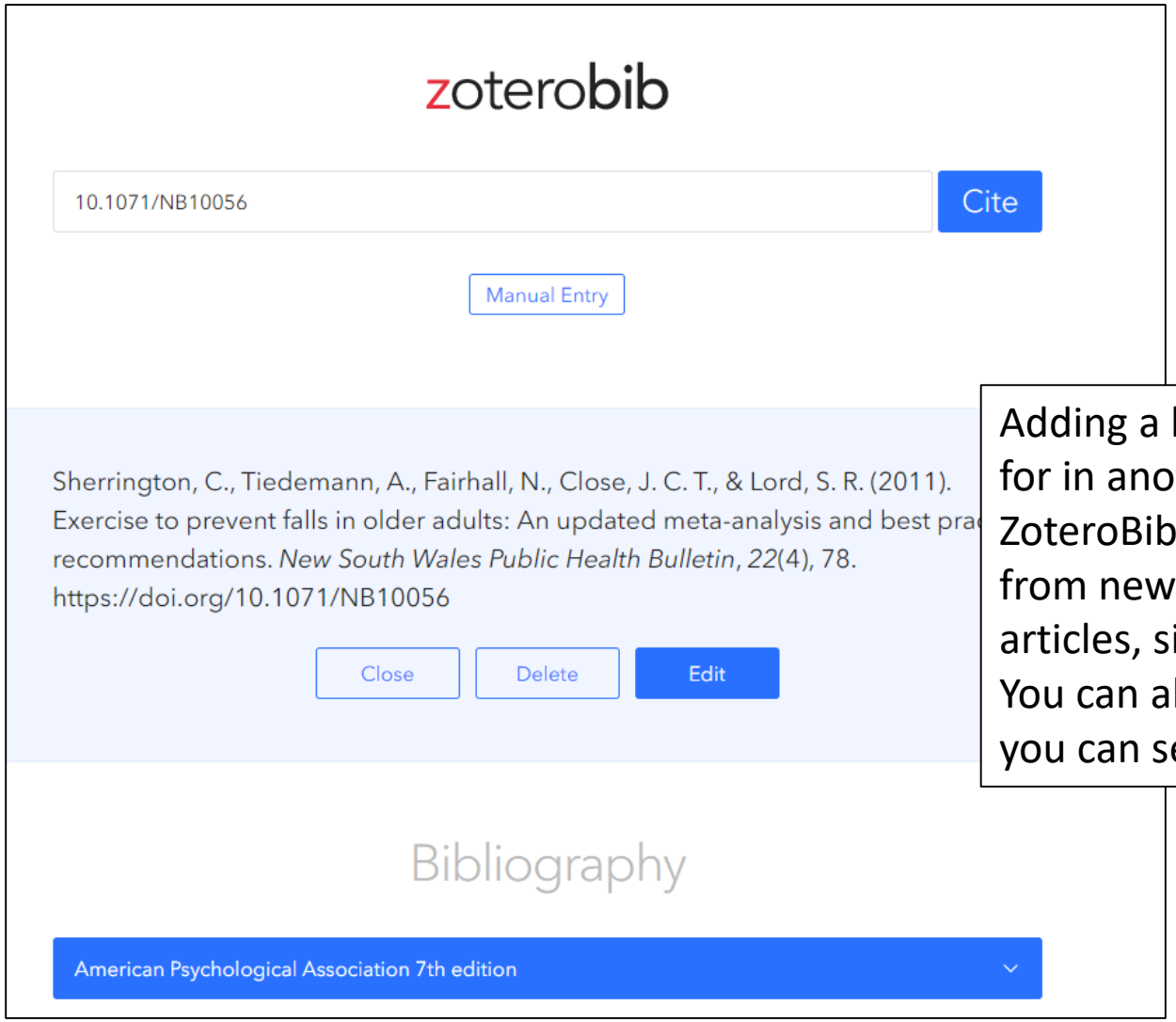
What is the impact of balance training on fall risk in older adults?

falls or falling or tripping or accident*
AND
"balance training" or balance* or exercise or treatment or therap*
AND
"older adults" or seniors or aged or "very old" or gerontolog* or geriatric*

Language = English
Date = 2000+
Format = peer reviewed scholarly journal articles

risk...
Clinical trials, reviews,
Impact, evidence...

Citing articles and books using Zotero / zoterobib



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Comparison of reference management software wiki
https://en.wikipedia.org/wiki/Comparison_of_reference_management_software

Software	BibTeX	Copac	CSA	Endnote/Refer/BiblX	ISI	Medline	MODS XML	Ovid	PubMed	RIS	SciFinder	Other
Bebop	Yes	No	No	No	No	No	No	No	No	No	No	none
BibBase	Yes	No	No	No	No	No	No	No	No	No	No	none
BibDesk	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	MARC, JSTOR, Reference Miner
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Bookends	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	various [3]; user-customizable
Citavi	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	various
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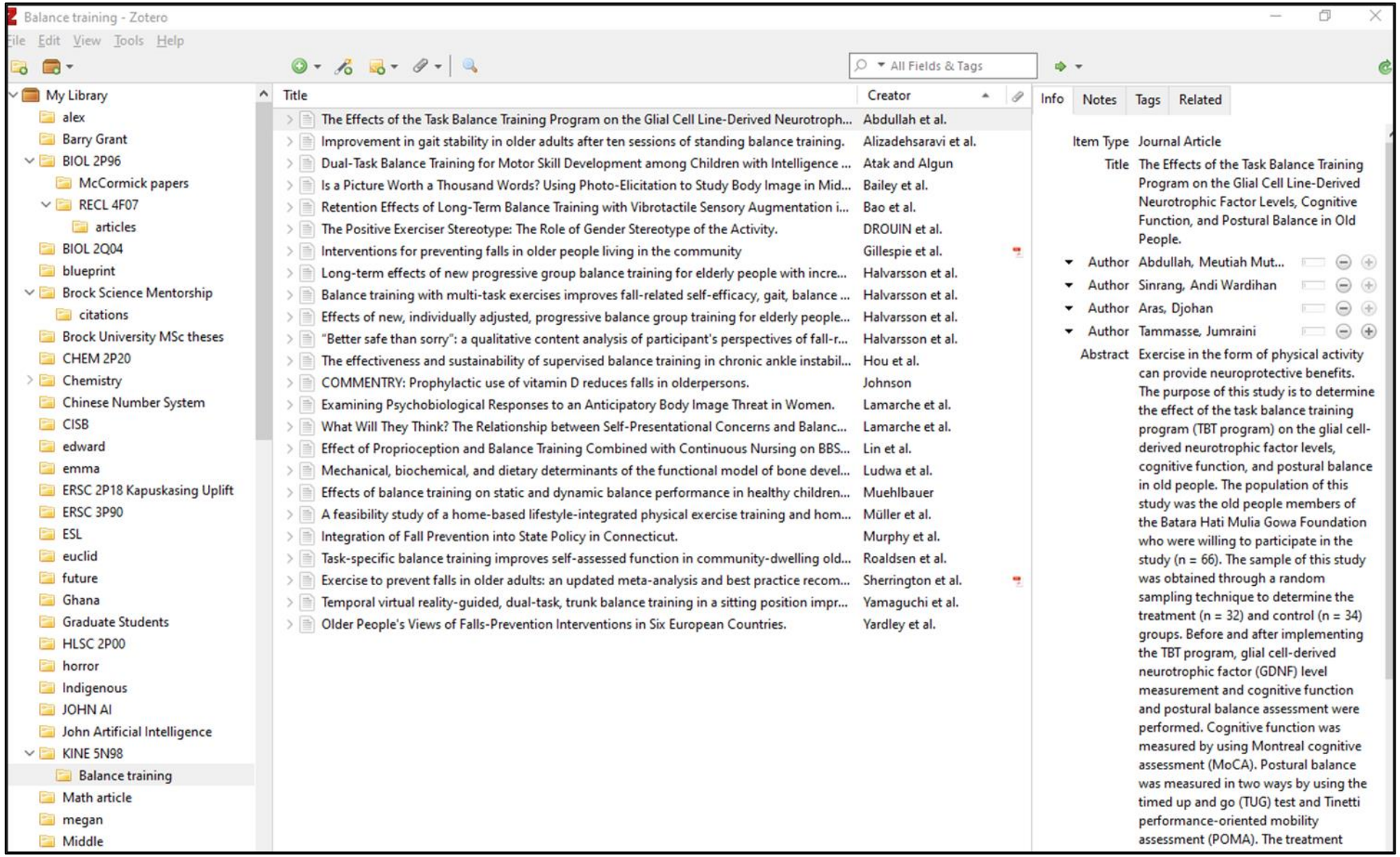
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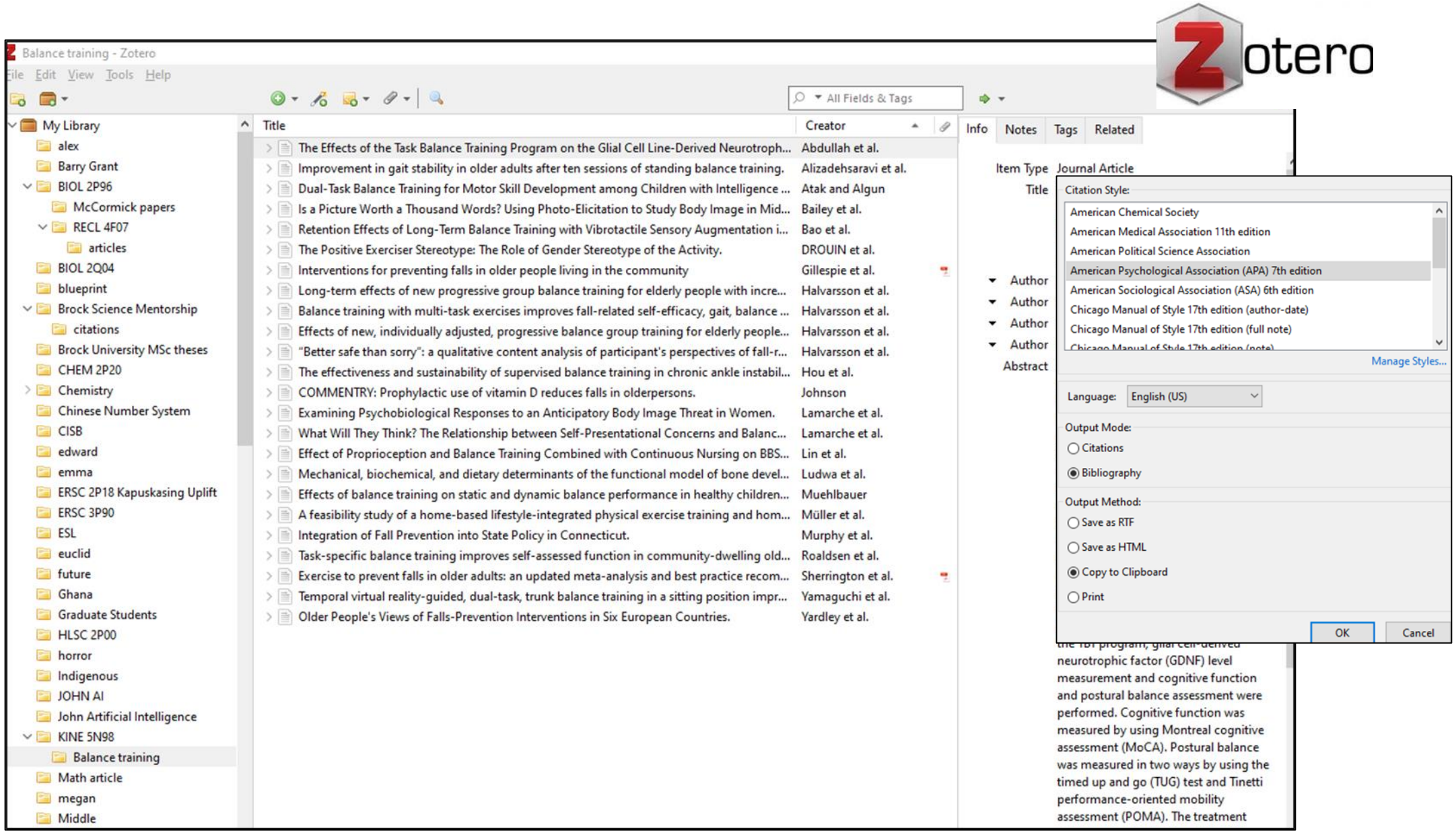
Item Type Journal Article
Title The Effects of the Task Balance Training Program on the Glial Cell Line-Derived Neurotrophic Factor Levels, Cognitive Function, and Postural Balance in Old People.
Author Abdullah, Meutiah Mut...
Author Sinrang, Andi Wardihan
Author Aras, Djohan
Author Tammasse, Jumraini
Abstract Exercise in the form of physical activity can provide neuroprotective benefits. The purpose of this study is to determine the effect of the task balance training program (TBT program) on the glial cell-derived neurotrophic factor levels, cognitive function, and postural balance in old people. The population of this study was the old people members of the Batara Hati Mulia Gowa Foundation who were willing to participate in the study (n = 66). The sample of this study was obtained through a random sampling technique to determine the treatment (n = 32) and control (n = 34) groups. Before and after implementing the TBT program, glial cell-derived neurotrophic factor (GDNF) level measurement and cognitive function and postural balance assessment were performed. Cognitive function was measured by using Montreal cognitive assessment (MoCA). Postural balance was measured in two ways by using the timed up and go (TUG) test and Tinetti performance-oriented mobility assessment (POMA). The treatment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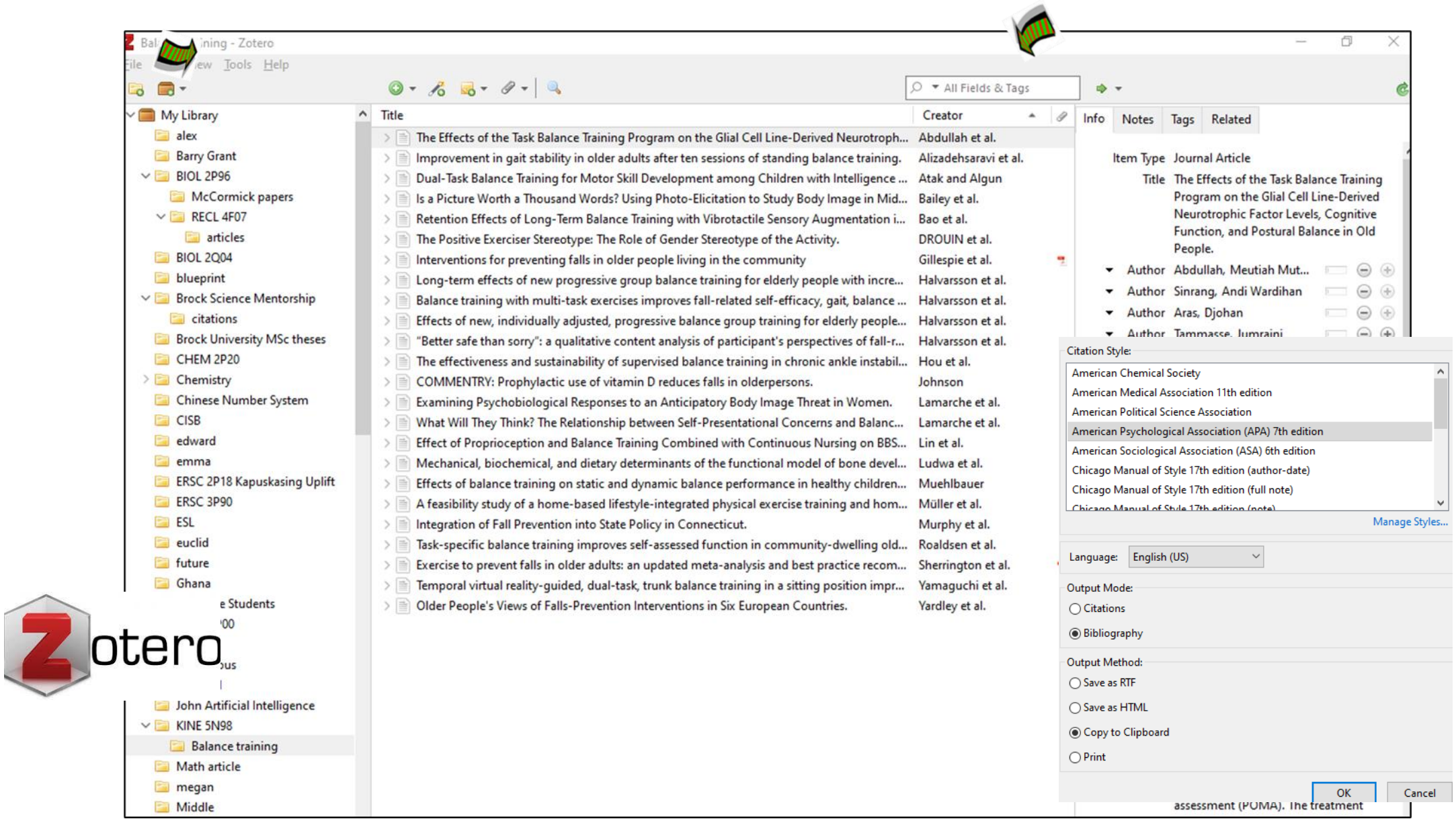
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Author Abdullah, Meutiah Mut...
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Author Aras, Djohan
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Hou, Z., Huang, H., Ao, Y., Hu, Y., Jiao, C., Guo, Q., Miao, X., Li, N., Jiang, Y., & Jiang, D. (2022). The effectiveness and sustainability of supervised balance training in chronic ankle instability with grade III ligament injury: A one-year prospective study. Journal of Foot & Ankle Research, 15(1), 1–10.

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Muehlbauer, T. (2021). Effects of balance training on static and dynamic balance performance in healthy children: Role of training duration and volume. BMC Research Notes, 14(1), 1–5.

Where to get help!

Kinesiology

Notes from a September 19th 2022 KINE 5N98 Master of Professional Kinesiology Information Session.

KINE 5N98 ppt slides (PDF)

Databases of interest to researchers, students, faculty, and practitioners.

Core Kinesiology databases include: CINAHL Complete, Embase, Google Scholar, MEDLINE via OVID, PsycINFO, Sport Discus, Web of Science Core Collection.

Alternate and core databases (not including engineering, computing, chemistry and other databases) that provide access to scholarly resources include: Academic Search Complete, AgeLine, CINAHL Complete, CORE, BASE, Dimensions, Directory of Open Access Journals (DOAJ), Education Source, Embase, ERIC, Evidence-Based Medical Reviews (EBM) via OVID, Google Scholar, Health Evidence, Human Kinetics, MEDLINE via OVID, MEDLINE via PubMed, MEDLINE via Web of Science Complete, Nursing & Allied Health Premium, Omni, OSF Preprints, OSF Registries, Paperity, PsycINFO, PsycTHERAPY, Scholars Portal E-Journals, SciELO, Scilit, Semantic Scholar, Sport Discus, Web of Science Complete, Web of Science Core Collection, WorldCat, WorldWideScience.org, and Zenodo.

Backward and **forward citation databases** are popular resources to browse and identify scholarly articles that have cited a specific work to include: Dimensions, Google Scholar, PsycINFO, Semantic Scholar, and Web of Science Core Collection.

Use Omni to find print books, chapters of print and ebooks (asking for 10% of content to be scanned as PDFs) in participating Ontario university library collections (not UofT).

Use Word Hippo to find alternate synonyms for search keywords and phrases.

Comparison of Reference Management Software wiki e.g. Zotero

Brock Library Support for Systematic Reviews & Evidence Syntheses Research guide.

Databases of interest may include systematic review sources such as Cochrane Library, PROSPERO, OSF Registries, Evidence-Based Medical Reviews, and several others that are population or subject specific. These include Epistemonikos, Trip, PEDro...

Databases to find scholarly definitions include: Oxford Reference, Oxford Handbooks Online, Sage Knowledge, and Gale eBooks.

Other databases of interest beyond publisher's web sites and search engines include: Internet Archive, Google Books, figshare, WorldCat.

List of reference management software wiki. Citation management software to include Zotero,and the citing service zoterobib.

Open Educational Resources (OERs) are a growing trend for open or free textbooks, learning objects, streaming content, lectures.

Theses & Dissertations, Brock Digital Repository are gray literature resourced to find current and published capstone projects, theses, dissertations and full-text manuscripts.

Patents & Standards

Lots of academic social repositories that include links to full-text resources and citations: ResearchGate, ORCiD, Academia.edu,

Current and historical news content databases include: Academic Search Complete, Access World News, Canadian Business & Current Affairs (CBCA), Canadian Newsstream, CPI.Q, Factiva, Google News, Nexis Uni...

Databases that describe and describe specific journals, magazines and related publications include Serials Directory and Ulrichsweb.

Where to get help?

- Ask your professor, colleagues, graduate students and research team members for their help
- Contact Brock Library for help, book an appointment… https://brocku.ca/library/contact/
- Watch a Library video, engage in a Library learning lesson… https://brocku.ca/library/video-tutorials/
- Check out Zotero videos on YouTube for help
- Sign up for an A-Z Learning workshop
- Search the Internet for research guides
- Click on Help tabs for specific databases
- Figure out PubMed asap! Create an alert to be notified of new research
- Review the notes / slides for KINE 5N98
- Email Ian Gordon, Teaching & Learning Librarian @ igordon@brocku.ca

KINE 5N98 MPK Seminar

Agenda

- Brock Library Update
- Brock Library Kinesiology Research Guide
- Scholarly peer-reviewed articles
- Evidence-based practice and research
- Search strategies – the art of online searching
- Databases, lots of them
- Citing articles and books using Zotero / zoterobib
- Where to get help!
- Feedback

Brock University

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One thing I learned today.

Questions / Comments?

KINE 5N98 Library Seminar

Good luck with this course and assignments!

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